ASSESING INJECTION - RELATED HIV RISK BEHAVIORS AMONG INJECTION DRUG USERS.

RESEARCH REPORT

Submitted to
Romanian Harm Reduction Network (RHRN)

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MAY 2003

…I found myself in situation when I was not able to buy [a clean, sterile] insulin syringe in Bucharest, because those pharmacists think that they will do some good because they do not sell insulin syringes; in their stupid mind they think that the world will stop getting high, but in fact is a lot more worse, stupid!

(Romanian Injectable Drug User)

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2. Introduction

Romanian Harm reduction network is a joint project of nine Romanian NGOs, that seeks to promote the reduction of risk behaviors associated to the consumption of injectable drugs by increasing the degree of communication between the organizations in partnership and by improving the quality of their services on a national level.

One activity of the project was to conduct extensive audience research to guide RHRN'members response to IDUs needs, with focus on HIV and hepatite C epidemic among IDUs

3. Research objectives

Through all its activities, services offered by RHRN members seeks to reduce the harm associated to the consumption of injectable drugs. Most services offered by RHRN members focus on increase access to, the demand for and use of clean injecting equipment. For the purpose of designing evaluating the current services and designing better ones, a series of 105 in depth interviews have been undertaken to assess the target population's patterns of behavior, attitudes, perceptions, knowledge, and opinions related to injectable drugs usage.

4. Methodology

Research through in-depth interviews is the predominant form of qualitative research in marketing for investigating for investigating knowledge, attitudes and practices related to sensitive issues, such as drug use. Topics that may not arise in a group situation can be addressed in individual interviews. In-depth interviews can be more appropriate than focus groups in these cases. Due to the legal situation of drug use, drug users may not be used to speaking openly in a group. The strength of in-depth interviews lies on the possibility to use personal biographies and extensive information related to personal experiences and insights that would be less accessible with the interaction found in a group, were the group norms would predominate.

4.1. Scope

In-depth interviews attempt to explore the frames of reference and language that respondents use in approaching the given topic, as well as obtaining in depth information about respondents experiences related to raised topics. The purpose is to learn about the participants ' experiences, perspectives and the ways they feel about certain issues. The use of open-ended questions, rather than the more commonly used closed-ended questions of structured surveys and questionnaires has the purpose of making the participants come with their own opinions and ideas that will be later exploited. The vocabulary, the syntax, the colloquial speech, and the accompanying nonverbal behavior are also key tools for a full understanding of the context of the discussed issue, for instance how participants relate to the subject, or the way they think it is appropriate to deal with it.

4.2. Target population and Segmentation

There was only one criteria for selecting and segmenting the respondents: to be an injectable drug user. No segmentation by gender, age, education was computed.

4.3 Recruitment

The recruitment was performed by the interviewers, mostly at the needle exchange program' site. However, some interviews took place in different venues, including their homes.

4.4 Informed consent

Procedures to ensure confidentiality were strictly observed. All participants were told their participation in the study is voluntary. Should they decline to participate in the study, they will not be penalized in any way. All participants were assured confidentiality . Identification code numbers were used for names of to safeguard the data; personal identifiers were recorded. All data were kept separately from identifying information and not stored together. Researchers did not share information obtained during the project. IDUs who participated in the study were informed about the nature of the study and were assured that the information they provide will be confidential. Formal informed contents were obtained from all participants.

4.5 Topics

The structure of the topics that guided the discussion is presented in the following matrix:

THEME	TOPICS		
1. ENVIROMENT	A.Were the injection take place (settings)	Usual settings for injection	
		Criteria for choosing the site	
		Planning for injection	
		Barriers for fining an appropriate site	
	B. With who the injection take place	Group: size	The average size
			Role of group
		Group: new vs. already known persons	Role of group for initiation
			Other roles performed by the group
2. INJECTING EQUIPMENT	A. Materials needed to inject drugs	Initiation in usage of injecting equipment	
		Description of materials and the way there are used	

		Access to clean, sterile injecting equipments
	B. Sharing behavior among IDUs	General risk perception
		Using other's used equipment or passive sharing
		Giving used equipment to others or active sharing
		Sharing of drugs, cotton wool, cooking or mixing equipment
3. Overdose	A. Overdose Awerness	Criteria for recognizing an overdose personal experiences with O.D. s
	B. How Do O.Ds Happen	Reasons for O.D.s, way to avoid overdose
	C. What to Do if Someone Overdoses	Myths for what to do if someone overdoses
4. Services offered by RHRN members	A. Current services offered	Evaluation of access, types, location, coverage, and effectiveness
	B. New services	Expressed need for services by IDUs, other drug users
5. Media covarage	A. Media Coverage	
	B. Impact on IDUs	
	C. Perceived messages	

4.6 Analysis of the data

An important amount of information was collected during the in-depth interviews, through tape recording and note taking. The data were summarized and analyzed combining the ethnographic summary approach and a more systematic coding via content analysis. The fundamental unit of analysis was the individual.
The group in-depth interviews being conducted following well-defined discussion guides, , the topics in the guides served as the structure for organizing a topic-by-topic analysis of the discussion.

4.7 Limitation of the data

Drug use is illegal in Romania, so that there might be some residual uncertainty about the accuracy of what participants say. Also, as a qualitative research method, in-depth

interviews does not produce quantitative data. It permits to explore in depth the topics, but not to generalize the data to a larger population.

5. Findings

Topics related to drug usage and injecting equipment proved to be interesting and familiar enough for users to be discussed, even in an interview context. All topics of disruptions focused on identification of situation related to drug administration that could be potentially harmful to IDUs. The goal of the research was to provide all organizations with an extensive list of situations/practices that could be described as "not safe". Thus, the findings are presented in a "chronological" fashion (from choosing a location to administration), underlying the potentially harmful situations and practices (substance procurement was not an research objective). Such analysis could easily depict new services needed as well as the effectiveness of existing ones. Participants used often in discussion strategies to avoid the personalization of their affirmations, referring to "drug users" in general, or simply refuse to answer specific questions. Also, most of them refuse to be tape recorded.

Enviroment

A first step (besides substance procurement) for drug administration is finding a location to inject. The location have a direct impact on injection safety, so describing locations as well as criteria for choosing is important for harm reduction purposes. Participants in all interviews were asked about the location used for injecting. The most common location chosen by respondents was their home (or the home of someone from the group). However, most participants emphasized that there is no imperative in choosing this site, and alternative locations are used, such us stairwells, public bathrooms, elevators stairwell, their cars etc. Although the home is an desired place, it is not always accessible. Some typical responses are stated below:

" […..] Several times I did it in stairwells and this types of places…But mostly in my house".

(male, 20 years old, primay education)

"Usually in my house or a friend's house, but occasionally in stairwells or on the street".

(male, 23 years old, student)

"I have three places, I can say...so one is in my car, when I do not have the patiance to wait for home... the second is at home...and the third one is at a firend, from which I buy the drugs!"

Although most participants described as an usual injection location an indoor location, this was not an rule either, as indicated in the following quote : *"Usually I inject myself*

at home, were is nice and quiet….[…]… but depends on the day….if I am away from home I inject myself on the street or on stairwells". Other male respondent said: *It is not always in the same place. I can go home and inject myself, or I ca go….it was happened on the street, in my car, at friends' home, in hotel, in train, in….Once, a long time ago, when I was smoking I was sitting in a bus…but years ago"*. Several criteria for choosing a site (or for not choosing the home) were emphasized by participants. The main criteria emphasized by most of participants was the distance (or time) from the house of the point of purchase the drugs was a major consideration for choosing a location. According to the participants, increased distance from the point of purchase to the injection site leads to increased likelihood of being caught by the police with the dose. For this reason, some of participants mentioned the point of purchase being also the injection site, as in the following quote: *So I prefer, in general, to do it in the same place were I am buying it, because, well, it is the risk, so I don't risk to leave with it and be caught by police, and who know what might happen…"*

The mood or mindset of the individual is also an important reason for considering time as important criteria. They argued that it is important for them to inject immediately, mostly because of withdrawal symptoms. It was observed that most participants emphasize the fact that they feel the urge to inject immediately after they buy the drugs, disregarding any previously mentioned criteria for choosing the site, as indicating in the following quotes:

"after the distance from home….so if it is [the point of purchase] in the proximity….if is closer I am coming home..if is not so close I stay there and inject the stuff….in a stairwell, an underground, places like these, more hidden…."

(male, 27 years old, highschool education)

"well… depends…because in Bucharest there are a lot of places were one can find the merchandise… most delers are not in one place.. so if the one [dealer] next to me do not have the suff… then I just go in a stairwell….I just see were I can because I am very seek… and just inject the stuff there…."

(male, 20 years old, primay education)

[I inject myself]….everywhere…so it depends on how sick I was feeling…if I wasn't doing it I was like dieing, just walking with a few doses in my hand…but ussualy I was going home because it was the safest place, but once the police took me, put us on the wall, search us, took the stuff, but let us go…."

(male, 19 years old, highschool education)

The respondents were also able to articulate several criteria for choosing the site for injection. Apart from the distance of home from the point of purchase, the reasons were related to safety (i.e not to caught by police) , sheltered from the wind and weather, access to commodities (such tape water, sink, etc) and privacy (not to be interrupted) However, the latter reason (privacy) was the most common reason, mostly because of the fear of being caught. Most respondents emphasize that home usually meet al these criteria. They also cited another benefit for injecting at home: " *at home we are*

sheltered, we have privacy and it also have to be a lot of heat, because we do not have veins…because we inject ourselves for a lot of time"., or as indicated in the following quote: "*it has to be easier for me .I mean [I have] to be in hot water, because I jnject myself in bathroom, in order to reach my veins, but this is only recently".*
Although the location is usually not planned ahead, there are usually a limited number of locations (or types of locations) that are used for injecting. For example, one male respondent said: *"most times the location is not planned ahead, because in general, there are the same places".* According with some respondents they choose between a relative limited places that are familiar to them, according to the circumstances, as one respondent pointed out*: "it depends about the zone were I am …usually I go to Cismigiu, because it is clear that I will inject somewhere in those flats "*
However, there were some respondents who said they do plan ahead for the location, with notable differences for their reason of planning ahead the location. Although the main reason was related to privacy, other reasons included the dependence of the group: *"yes, in principle, I do plan ahead…because I never go alone to buy, considering that I cannot inject myself..(female respondent)"*.The data revealed that, those who do plan ahead were mostly respondents who had access to a safe location (usually at home). Although most participants who said they do plan ahead, also said that the place for injecting is usually the same, planning do not always following the criteria described above. For some respondents (who plan ahead) planning occur immediately after the drugs are bought, as pointed in the following interview: "*about 10 minutes, let's 15 minutes [time for planning ahead]…...so when I by the stuff…so I leave with it , then I decide were and I stay to think about it"*. Data revealed that although they plan for some locations, the access to that location is not always not problematic . For example, one respondent stated: ....*so if I have money for the cab, then I go there (ussualy home)... and I can wait to reach it [the location]. If no, after all I can make it in a stairwell, or somewere, and on the way I buy the salt and everything I need..did you understand?."*
In sum, data revealed some concern for planning (for the most of participants), but high barriers for fining a proper injecting site. Most barriers were associated derived from the stigma associated with drug use, and IDUs were more concerned to avoid stigma consequences.

The researchers were also interested in networking among drug users. The interest was to investigate whether the respondents could benefit of a kind of "safety net", which could rely on, in several circumstances associated with drug administration (such us O.D.s, finding a safe location, etc). In other words, does the networking perform any role for IDUs?. If yes, are these roles increasing or decreasing the risk associated with drug injection? In order to answer these questions, the respondents were asked about the persons they are injecting with. It was quite clear from participant's respondents that networking is an important part of injecting process. Data revealed that there are, in fact, groups of users linked by various relationships and performing different roles. There were considerable agreements between respondents' answers regarding number of members and the stability of the group. According to most of participants, the networks are relatively small, consisting of a group of 3 up to 5 drug users. There are strong bonds between the members, with a important role in drug use initiation. When asked, most of the participants agreed that they use injectable drugs

with the same persons they use for the first time. These views are exemplified in the quotes below:

"..so usually with my friends and we are in the same group now, we know each other since we were kids, we were 7-8 years old, we went to school together, and , well… they started first…so they taught me. Well, of course I do not want to blame them, but is true that I am with them and they taught me….. "

(male, 24 years old, highschool education)

"of course , with my friends…how can it be different. Only with my friends….."

(male, 25 years old, primary education)

However, close , small networks were not present in all instances. Some participants emphasize that the network used was just for drug and injecting practice initiation, and they always inject by themselves. Although was not a rule, it was more likely for more experienced users to inject alone, compared with relatively not experienced ones.
In conclusion, it was evident that mutual support was a central idea to the networking. In a regular group, the relationship developed in based on trust.

Injecting equipment

The injection - related HIV risk behaviors among injection drug users is the focus of this chapter. This chapter examines the scenarios of injecting most likely to be used by Romanian IDUs, and provide a through description injecting equipment used.
The type of equipment described for most users are appropriate for heroin. A typical injecting kit consists of:

1. Syringe and needles. Most drug injectors find insulin syringes ideal. The syringes should be with no detachable needle, for two reasons: under pressure, the needle could detach, and the dose could be lost. Also, with two-pieces syringes one waste more prepared drugs at the jointing place.
2. A recipient. They are used to dissolve (cook up) powdered and solid drugs for injection. A (used) vial is the respondent's first choice, although several types of recipients were mentioned that were used by respondents: spoons, bottle tops, as well as improvised recipients from beer cans ,etc.
3. Filters. Most respondents draw their drug solution from a cooker or spoon into a syringe through some type of filter—most often a cigarette filter was mentioned. However, according to respondents piece of cotton or other absorbent material may work as well.
4. An acid. Most participants mentioned using lemon juice, vitamin C or lemon salt in order to dissolve the shot, together with water.
5. Ties and pads. Although not considered indispensable, some respondents mentioned they usually need something to "tie off " with that will restrict blood f low and cause the veins to bulge out, making them more accessible for injection (most likely a belt), as well as tissues or pad to apply after they 've gotten off. They also mentioned that they need a lighter for cooking the shot.

Typical responses that describe the materials needed are presented below:

"…yes. So I need a insulin syringe, a vial, a filter, something to tide my arm…and well something to put after….."

(male, 24 years old, highschool education)

"…I need a syringe, a vial with distilled water, lemon salt, water, and after the shot a cream or an alcohol pad. But the latter only if you have it.."

(female, 24 years old, highschool education)

" Syringe, salt, vial, water and this is enough….and the shot, of course"

(male, 20 years old, highschool education)

"Yes so…usually…I mean what I prefer……. insulin syringe…..usually I use the .2 gauge; it hurts more, but once it is in the vein, it stay there…then I need lemon salt, Water, almost any type of liquid , only not to be alcohol, and a recipient to prepare it. Usually I buy a vial, but if I don't have a vial sometimes I boil the shoot in a spoon, or on the bottom of a beer can upside down. So I need the salt for boiling, with distilled water, or metroclorpamid, or whatever. Then I need water to drink, because you get thirsty……. and you definitely need a cigarette".

(male, 17 years old, highschool education)

„ First I get the drug...in fact it is in a plastic bag..I open it, put it on a paper, then I broke the vial, throw the stuff inside, then I put the drug into the vial, take water with the syringe, take the lemon salt and then boil it. Then I made a filter from a cigarette, I put it in the needle and then shot…"

(male, 18 years old, primary education)

"…So first I buy a syringe from pharmacy and a vial of distilled water or algocalmin, then I buy lemon salt…then I go home to prepare the stuff: put the stuff on the cigarette package and poor it in the vial, then the lemon salt, water with the syringe, measure how much units, boil it with the light, then suck- it back in the syringe from the vain. But first I make a filter from the cigarette and put it in the front of the needle, then suck the fluid in the syringe…then hold tide my arm, usually with a female sock because that hold my arm very well, and then inject the drug "

(male, 20 years old, primary education)

"New syringe for injection, other syringe to get the dissolved stuff from the vial, a vial, lemon salt, because otherwise the stuff will not dissolve"

(male, 19 years old, highschool education)

Besides the equipment used, the researchers were primary interested in the process of preparing and injecting the drug. Participants in all interviews were also asked about these practices. Their answers revealed that current injecting practices provides many opportunities for contamination with and transmission of HIV or other blood borne

diseases. The most common risk behavior was related to usage /re-usage of used equipment, as well as direct or indirect sharing of equipment. Virtually all respondents declared that they share a piece of equipment, which place them at risk. Three main reasons for using used equipment were articulated from the data. First reason was related to the mood or mindset of the individual. Similarly to criteria for choosing the location for injecting, the respondents mentioned the overwhelming desire to inject as soon as possible after obtaining the drug, which means that they were using whatever syringe and equipment is available, whether the equipment is sterile, used, etc. Second reason was related to lack of access to clean, sterile equipment. The respondents argued that is practically impossible to always obtain and use clean equipment, especially syringes. Third reason is related to lack of information regarding the risk associated with injecting practices.
The researchers were particularly interested in describing injecting practices associated with each piece of equipment. Consequently, all participants were asked about access, sharing and re-using for each piece of equipment (described above). Data are presented below.

Needles and syringes

Despite clear evidence from the data that all respondents associate the sharing of a contaminated syringe or needle with the risk of being infected with a blood-borne disease, this practice is widely spread among respondents., as described in the following quote:

So you use in common all materials and what it is important is the syringe....not to share. So the recipient and other stuff are not important. Only from the syringe you may get sick. Although I knew that, I still share it….

(male, 34 years old, primary education)

Virtually all respondents mentioned that they inject themselves with a used syringe, either by sharing or by reusing their injecting equipment at a later time. Lack of access to a clean syringe or needle was the most common reason cited by respondents for reusing the injecting equipment. Specifically, the discussants described several circumstances when the pharmacists refused to sell them sterile syringes or the needle exchange programs services were not available. They argued that the pharmacists explicitly refuse to sell them syringes to “suspected faces”, and they specifically engage in different scenarios in order to obtain a syringe. Some typical responses are stated below:

“I did not have a syringe or it was a late hour or the pharmacies were closed…especially that most pharmacies already do not sell anymore insuline syringes because now they know on what they are used, and most of them simply won’t sell syringes; they look at the face of the person to see if they sell it or not.. and then I have to go to another neighborhood in order to get the syringe!”

(male, 22 years old, secondary education)

„Of course [I reuse a syringe]. In 90% of cases. Near the stairwells were I live there is a pharmacy. One of the pharmacists do sell syringes, the other don't want to sell. Or if she sell syringes, she will sell only with detachable needle, which are not useful.
(male, 21 years old, student)

"Of course, you realize that it is inevitable…fewer times since you appear…..at lest fewer for me. But the problem is that you go to a pharmacy and nobody want to give you a syringe because they don't want to understand that [you need it]…well indeed some of us are more violent, and finally they give you a syringe to avoid the scandal…but I take drugs regardless if you give me or not I still get a syringe, even is a big or a used one and I still get high….ButI know the problem is that it cost a lot if you get sick …"

„yes, I found myself in situation when I was not able to buy an insuline syringe in Bucharest, because those prammacists think that they will do some good because they do not sell insuline syringes;in their stupid nimd they think that the world will stop getting high, but in fact is a lot more worse, stupids!

„yes..I was at Sinaia, with a friend and I couldn't find a syringe so I took one from a friend.....

Situations described by participants revealed other harm related to re-usage of the syringes. According to some participants the needles that are re used dull quickly, after few shots. The respondents revealed that those needles cause more trauma of their veins, resulting in a larger puncture wound and increased bleeding. Some of the respondents even try to sharp the needles, causing significant damage to the veins. Other practices are related to indirect sharing of syringes: for example, some respondents cited several situation when they try to use the drug solution from a previously blood contaminated syringe. A typical example is described below:

"Yes, I share several time a syringe, mostly when I did no have drugs, when the drug solution was coagulating into someone syringe; I put it back in the cooker and then drawing it with his or her blood."

All respondents were consequently asked if they clean the needles and syringes. Data reveals that, although some participants mentioned that they clean the used equipment before it is re-used, the process of cleaning is inadequate. Most of participants mentioned cleaning used needles with hot water, which could cause blood to clot. The time estimated by the respondents for cleaning the syringe is between 10 and 30 seconds. Other respondents mentioned that they clean the needles only then the risk of getting sick:

"..only when I new that one have something….or at least look like….I suspect him that he was sick…I was somehow afraid to inject immediately after him….first I use alcohol or water, or clean it with something"

Recipients and filters

Recipients and filters are not considered by participants as an necessary piece of the personal equipment, but mostly as an common piece. Although they acknowledge that these pieces of equipments are readily available, the practice was to share or borrow with the group. Most participants did not see the reason for caring their own cooker, as pointed out by one respondents *"the cooker is common. I don't carry after me this one…"*. Although some participants acknowledged that they weren't sure if any kind of blood-borne disease may the transmitted though these equipment items, most respondents thought that cleaning the cooker with hot water would most definitely remove any risk of infection (as indicated in the following quote):

I never thought about that [if sharing the cooker is a risk]….but now I think it might be...it is a infection source….anyway, I clean it every time, wash it…"

Although cleaning the recipient is a quite common practice, the effectiveness of such practice is not sure. It is unclear whatever they effectively reduced the likelihood of disease transmission. The less likely piece of equipment who might be shared by the respondents is the filter. However, some of them reported pressing used filters to retrieve any drug remaining in the filter after an injection.

Overdose (O.D.)

A very serious health consequence of drug use is the overdose. The risk of overdose is currently ignored both by injectors as well as service providers. It is noteworthy that a surprisingly high number of respondents took an O.D or were witnessing one. Data (although not statistically representative for the Romanian IDUs community) reveal that about 1/3 of respondents took or saw an overdose. Participants have high awareness and relatively accurate information about O.D. causes and consequences. According to them, an O.D. happened after a pause in injecting (an abstinence period), or because of a state of the mind (which lead to much quantity compared with usual dose) or because of drug purity (unusual strong drug). According to them, changing the dealer could expose and drug user to an overdose. Respondents had high awareness of O.D, its consequences (death) and were familiar with O.D symptoms . They were also able to provide some strategies for avoiding on O.D, as described in the following quotes: *"I inject only 3 units now, another 3 after half an hour, and so on. So I was keeping avoiding the O.D"*. Although some of them correctly described the management of an O.D, most of them had wide misconception regarding what one should do in case of an O.D. According to these participants, injection of salt water or plain tap water is a common approach to overdose management. Typical comments are presented below:

" the best thing would be to call 911 or, as I heard from friends to inject some lemon salt"

An O.D is an accident. The drug is stronger. From a qualitative point of view, there are several type of heroin and I believe that if you inject a heroin more pure compared with what you usually use, you can go to O.D"

Although they were able to provide some help, some of them consider the hospital a greater risk, because of the police, as one respondent indicated : *"well, is risky here...because if you go to the hospital there is the risk that the person who took the O.D to be taken by police…"*

"Yes, a few times, because the drug was very strong at that time....so everyday I shot and then the blackout…the hospital new me very well that time…."

NEP services

There were considerable agreement among NEP(s) beneficiary about the efficacy of services delivered. Typical responses of participants revealed positive attitudes toward programs and the staff. However, some participants mentioned a several barriers, mostly related to police harassment in relation with used syringes. The respondents, men and women, were asked about their motivation related to participation and why they believe such programs were started. They were also asked why they believe the program staff practice "one-for-one syringe". It was quite clear from beneficiaries responses that not all beneficiaries fully grasp harm reduction philosophy. Some of them mentioned the reason for participation only as being a economic one (free equipment). Others were not aware of the positive impact on community of collecting used syringes. The reason they though NEP(s) staff were asking for used syringes was wrongly assumed as "accountability for the donor". The data also revealed that syringe disposal is a problem in almost all the communities studied. Most respondents stated that there are no appropriate places to put used syringes that if you throw them away, stick injuries are very likely to appear. The respondents also faced many barriers for returning the used syringes, as one respondent said:

"well, first is risky. .I don't know…,is risky to keep it because if the police will stop you and search you will get into trouble. I mean I didn't had trouble because of it, but I had some friend who had one used syringe and had a lot of trouble because of it.

When ask about new services they would need, some respondents were making specific reference to injecting rooms, as well as counseling services.

Current anti-drug campaigns(s)

All participants at the interviews were ask about awareness of different campaigns, as well as media coverage of drug-related issues. There is a widespread consistency of opinions regarding strong negative impact about "so called anti-drug campaigns" and media coverage/and presentation of drug user status. Although the majority of participants stated that, in general, the idea of a campaign is useful, they argued that the current campaigns are not relevant for current consumers nor for primary preventions.

Most participants stated that inappropriate prevention messages are actively promoted, especially those which demonize injecting and drugs, as they appear to users to give a falsely negative view of what is mostly a pleasurable experience, which has little apparent harmful effects (other that it is illegal). Such messages ("just say no"), biased towards the negative effects of drugs, are in fact, while are not reducing the number of new and young injectors, leading to increased general discrimination of IDUs. As for the form and channels, they said that and education is provided in a way that *do not* appeals to injectors, in language and with visual materials they *do not* understand and feel they can trust. Many participants agreed that current campaigns are ,in fact, directed against IDUs.

Conclusions and Recommendations

IDUs health in Romania is compromised by the lack of IDUs knowledge about the risk associated with administration of injectable drugs and lack of access to clean, sterile injecting tools. According to the present data, 3 out of 4 respondents declared they used a needle that was already used by someone else. About half of respondents declared that they main reason for using a non-sterile needle was associated with lack of access to clean equipment (i.e refusal of pharmacy sales personnel to sell insulin syringes to people without prescription for diabetics, in order not to be associated with promoting injectable drug utilization). There is a great need to educate pharmacies about the necessity of clean needles and syringes being readily available and other aspects of HIV prevention. Also RHRN should explore the feasibility of new channels for providing access to new, clean injecting equipment. Several innovative strategies for improving IDUs access to clean, sterile injecting equipment (such us alternative outlets for selling syringes, developing a specific logo for outlets/pharmacies that are willing to sell syringes to IDUs, offering financial incentives to pharmacies/different types of outlets, using the existing networking for secondary exchange, etc) should be explored by RHRN as well. Such alternatives, as well as identifying new options should be explored both in interviews with IDUs and pharmacists.

Same data identified a beginning pattern for usage of drugs already prepared (ready for injection in a non-steryle syringe) by dealer, which will dramatically increase the risk of HIV/AIDS among IDUs.

In order to improve IDUs health in Romania, RHRN should focus on two key outputs. Firstly, on the program that will improve IDUs availability and access to clean, sterile injecting equipment by expanding current needle exchange programs, as well as addressing present significant barriers to the sale of syringes to IDUs by pharmacists. Secondly, the program should promote harm reduction practices among IDUs through a audience-centered media&outreach campaign. Full formative research should be conducted with high-risk populations for developing the campaign and identify best channels for promoting campaign's messages. Data revealed high awareness of IDUs of Drug-related campaigns and media coverage and extensive negative consequences on

IDUs discrimination. The campaigns increased community misconceptions about IDUs and lead to further “closure” of IDUs. Since they did not benefit from a strong “IDUs community” identify (such as gay community), reaching IDUs could prove even more challenging for future interventions. Strong advocacy or such programs and community acceptance should be conducted by RHRN, and a task force for “damage management and control” should be employed.