

HEALTH PROMOTION FOR DRUGUSERS

READER BY: MARIETTE KOOPMANS
TRIMBOS INSTITUTE-HOLLAND – NIHD/TAI ESTONIA

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HIV AIDS

HIV

HIV stands for 'Human Immunodeficiency virus'. HIV is a virus that infects cells of the human immune system (mainly T4 or CD4 cells; key components of the cellular immune system), and destroys or impairs their function. Infection with this virus results in the progressive destroying of the immune system, leading to 'immune deficiency'.

The immune system is considered deficient when it can no longer fulfil its role of fighting off infection and diseases. (All soldiers of the army died!!) Immunodeficient people are much more vulnerable to a wide range of infections, most of which are very rare among people without immune deficiency.

People who are carrying the HIV virus are called 'sero-positive'.

AIDS

AIDS stands for 'Acquired Immunodeficiency Syndrome' and describes the collection of symptoms and infections associated with acquired deficiency of the immune system. Infection with HIV has been established as the underlying cause of AIDS. The level of HIV in the body and the appearance of certain infections are used as indicators that HIV infection has progressed.

The term AIDS applies to the most advanced stages of HIV infection.

With a healthy lifestyle, the time between infection with HIV and becoming ill with AIDS can be 10–15 years, sometimes longer. Antiretroviral therapy can slow down the progression of AIDS by decreasing the viral load in an infected body

TRANSMISSION

- Unsafe sex; (90% of all the hiv transmissions in the world are caused by unsafe sex and almost 80 % of them are by heterosexual contact)
 1. Anal or vaginal intercourse without a condom.
 2. Oral sex; is regarded as a low-risk sexual activity. Risks can increase if there are cuts or sores around or in the mouth and if an ejaculation (semen) occurs or when a woman has her period (blood)
- Blood to blood
 1. Sharing of injecting equipment (needles, spoons, filters, and wads)
 2. Receiving contaminated blood. There is a high risk (greater than 90%) of acquiring HIV through transfusion of infected blood and blood products. However, the implementation of blood safety standards, in most countries, ensures the provision of safe, adequate and good qualities of blood and blood products for all patients requiring transfusion.
- Mother to baby

HIV can be transmitted to an infant during pregnancy, delivery and breast-feeding. Generally, there is around 20% risk of transmission from mother to child before and during delivery. A number of factors influence the risk of infection, particularly the viral load of the mother at birth (the higher the load, the higher the risk).

By using Antiretroviral therapy the risk can be reduced to less than 1 %.

PREVENTION

- No vaccinations, although they are working on it world-wide there are no vaccinations yet to prevent hiv infection
- Safe Sex; correct use of condoms and/or safe technics.
- Safe Use: new syringes, needles and equipment available and instructions for safe use. Or promoting the use of drugs orally or inhaling instead of injecting.
- Use of Antiretroviral therapy during pregnancy and if possible a Caesarian section
- No breastfeeding when replacement feeding is acceptable and safe.

TREATMENT

There is no cure for HIV/AIDS. Progression of the disease can be slowed down but cannot be stopped completely. The right combination of Antiretroviral drugs can slow down the damage that HIV causes to the immune system and delay the onset of AIDS.

In addition, you can do the following to stay healthy:

- Follow your doctor's instructions. Keep your appointments. If you doctor prescribes medicine for you, take it exactly as prescribed.
- Get immunisations (shots) to prevent infections such as pneumonia and flu (after consultation with your physician).
- If you smoke or if you use drugs not prescribed by your doctor, (try) to quit.
- Eat healthy foods. (fresh fruits and fresh vegetables)
- Exercise regularly to stay strong and fit.
- Get enough sleeps and rest and avoid stress.

HIV TEST

An HIV test is a test that reveals whether HIV is present in the body. Commonly-used HIV tests detect the antibodies produced by the immune system in response to HIV, as they are much easier (and cheaper) to detect than the virus itself. Antibodies are produced by the immune system in response to an infection.

For most people, it takes three months for these antibodies to develop. In rare cases, it can take up to six months.

All people taking an HIV test must give informed consent prior to being tested The results of the test must be kept absolutely confidential. (International Procedure)

HEPATITIS

What is Hepatitis:

‘Hepar’ is Greek for liver; ‘itis’ means inflammation. Hepatitis, therefore is an inflammation of the liver.

This inflammation can be caused by:

- excessive alcohol use
- (medicine/drugs) poisoning
- Bacteria’s
- **Viruses** (HBV, HBC, HAV etc.)

What are the symptoms:

- Fatigue
- Nausea and vomiting
- abdominal discomfort
- Fever (feeling of having the flu)
- No appetite
- Joint pain (Pain in the bones)
- Jaundice (Yellow colour)
- Dark urine, light coloured faeces
- **No complains, no symptoms**

Hepatitis A (HAV)

What is hepatitis A:

Hepatitis A is caused by infection with the hepatitis A virus. The hepatitis A virus infects the liver. Hepatitis A is one of the most harmless varieties but is very contagious. Each year over 10 million people world-wide are infected with HAV.

How can you get hepatitis A:

- Contaminated water and food. (Open water can be infected due to an open sewer system or unwashed hands by preparing food)
- Sharing unhygienic sanitary facilities
- Sexual contact; oral-anal contact; rimming (licking the anus, small particles of faeces can get into the mouth)

No infection by: kissing, breast-feeding, sneezing, coughing, hugging, sharing glasses-plates-cigarettes, (food or water out!!!).

Prevention of hepatitis A:

- There is a vaccine (HAVRIX) to prevent HAV infection.
- Washing hands before meals and after toilet visits, using a Glyde-dam by rimming.

Treatment of hepatitis A:

No medicines. After a few months it disappears and people are immune for the virus for the rest of their life.



Hepatitis B (HBV)

What is hepatitis B:

Hepatitis B is caused by an infection with the hepatitis B virus. The hepatitis B virus infects liver cells and can cause severe inflammation of the liver with long-term complications (like cirrhosis and liver cancer).

How can you get hepatitis B:

- Sexual contact: Intercourse without a condom (anal and vaginal) , oral sex (blood and semen)
- Blood to blood contact:
Sharing of injecting equipment (needles, spoons, filters, straws, and wads), sharing razors, needle stick injuries and receiving contaminated blood.
- Mother to baby; mostly by delivering

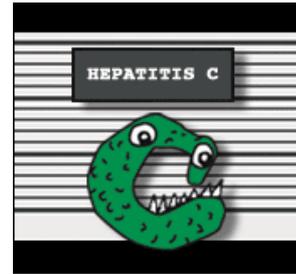
No infection by: kissing, breast-feeding (theoretical yes but never proved), sneezing, coughing, hugging, sharing glasses-plates-cigarettes, food or water.

Prevention of hepatitis B:

- There is a vaccine to prevent HBV infection.
- Needle/syringes exchange programs for IDU's (Injecting Drug Users) may help to limit the spread of HBV infections.
- Safe use instructions are very important for IDU's
- Use of condoms and safe sex instructions

Treatment of hepatitis B:

- In most cases, 90 %, of all adults the virus leaves the body itself. Someone who had HBV is immune for the rest of its live.
- In 10 % of the cases the virus remains active. This is known as 'chronic carrier status' and this group may develop long-term health problems. (liver cirrhosis, liver cancer or liver failure) They also remain infectious to others.
- To protect their liver, people with a chronic HBV infection should avoid alcohol consumption. For the same reason they should not start any new medicine, even herbal, without a physician's knowledge.
- It's recommendable to get vaccinated against hepatitis A and B.



Hepatitis C (HCV)

What is hepatitis C:

Hepatitis C is caused by infection with the hepatitis C virus. The hepatitis C virus infects liver cells and can cause severe inflammation of the liver with long-term complications (like cirrhosis and liver cancer).

In 1989 the virus was identified and now there are about 10 million carriers in Europe alone.

The prevalence of HCV among IDU's is around 70%.

How can you get hepatitis C:

- Blood to Blood contact, Sharing of injecting equipment (needles, spoons, filters, straws, and wads), sharing razors, needle stick injuries and receiving contaminated blood.
- *Low change: Infection through sexual transmission and mother-to-baby transmission (during pregnancy) is very uncommon.*
- *Not: no infection by: kissing, breast-feeding, sneezing, coughing, hugging, sharing glasses-plates-cigarettes, food or water.*

Prevention of hepatitis C:

- There is no vaccine to prevent HCV infection.
- Needles/syringes exchange programs for IDU's may help to limit the spread of HCV infections.
- Safe use instructions are very important for IDU's

Treatment of hepatitis C:

- Acute hepatitis C is not very good curable. In only 20% of all cases the virus leaves the body by itself. In 80% of all cases the virus stays dormant and leads to chronic hepatitis C.
- Most of the HCV carriers don't have symptoms or complains so that's why a lot of people don't know that they are infected.
- People infected with hepatitis C can take medication. Some can never be fully cured and the treatment can cause serious side effects. A specialist usually decides whether such medication will be helpful
- To protect their liver, people with HCV infection should avoid alcohol consumption. For the same reason they should not start any new medicine, even herbal, without a physician's knowledge.
- It's recommendable to get vaccinated against hepatitis A and B.



SAFE USE

Most heroine users in Estonia take their drugs by means of injection. There are also other drugs (e.g. cocaine, amphetamines, Methadon, Subutex, Oxycodon, benzodiazepines) which are taken by injection. The HIV epidemic and the fast spread of the HBV (Hepatitis B Virus) and the HCV (Hepatitis C Virus) has stressed the importance of changing from injecting to non-injecting drugs and the importance of using clean injecting equipment and the correct use of it.

From injecting to non-injecting drugs

In general, drug users are pretty flexible in the way they use drugs, especially in times of emergency. If no syringes can be found they smoke on foil. If the foil is finished too, the drug is sniffed or smoked. Each method has its advantages and disadvantages. Shooting up intensifies 'the rush' but also increases the risk of HIV, HBV or HCV infection.

Methods:

'Chasing the dragon' (smoking on foil)

Method for: heroine, cocaine, crack, freebase cocaine and 'speedballs' (combination of cocaine and heroine) the drug is placed on a piece of aluminium foil and heated with a modest flame of a lighter. The heroine melts and the vapours which come off are inhaled through a little tube/pipe in the mouth and directly enters the lungs.

Advantages: 'Chasing the dragon' is a safe alternative for injecting and it takes little time. It prevents abscesses and reduces the risk of getting infected with HIV, HBV and HCV.

Sniffing (snorting)

Method for: Cocaine, speed, Heroine. Chop the substance to a fine powder. The powder is laid out in a 'line' and sniffed into the nose through a straw pipe.

Disadvantage: Sharing a straw pipe can spread Hepatitis C

Freebasing

Method for: Crack, freebase cocaine. The crack or freebase cocaine is smoked in a water pipe or special crack pipe.

Disadvantage: Sharing a pipe can spread HAV (Hepatitis A Virus) and Tuberculosis.

Smoking

Method for: Cannabis, crack, freebase cocaine (less often: heroine)

Eating

Method for: Cannabis (space cake, brownies), mushrooms.

Swallowing (pills/paper trips)

Method for: Speed, Ecstasy, LSD, sleeping medicines, tranquillisers, amphetamines, Methadone, Subutex

Drinking:

Method for: alcohol, methadone, mushrooms (tea)

Safe use for injecting drug users

In 1980, at the beginning of the HIV epidemic in the Netherlands, the drugusers organisations in the big cities like Amsterdam and Rotterdam started with needle exchange among the IDU's. A year after their initiative the needle exchange programmes became officially and paid by the Municipal Health Departments.

Research worldwide proved that needle exchange programmes are very effective in avoiding the spread of HIV, HBV and HCV.

Besides the distribution of syringes/needles it's very important to instruct IDU's about safe use methods and to see if abscesses and other problems caused by wrong use will reduce during the intensive counselling of clients.



Preparing a shot

The next instruction is written from the perspective of the ideal situation. The conditions on the street or in prisons are far from that, so where possible alternatives are given.

Part 1:

- Be sure that you have your own, new and enough **syringes and needles**. If you don't have clean syringes you can clean your own used ones (See Annex 1 cleaning syringes)
- Wash your hands and clean the table
- Clean the **spoon** (or the bottom of a coke can) with an alcohol swab or cooked (see cooking). Learn the users also to clean their spoon after injection, so they always have clean materials and their own materials.
- Use clean **water** and put it in a cup. Cold water from the tap is cleaner than warm water and running water is cleaner than still (dead) water. Water in a bottle may have already been used and it should not be carbonated. Water from the streets or open water has to be cooked before use.
- **Alcohol swabs** make several injecting places clean, so that you eventually can choose an other place. Alcohol has to dry other wise it's not working. Don't use a alcohol swab after injecting because the alcohol will activate bleeding instead of stopping.
- Make a new **filter** (from a (unsmoked) cigarette filter, tampax etc.) with clean material and clean hands. The most suitable filters are the specially manufactured types for infusion. Filters are generally used by injecting drug users to minimise the risks associated with injecting undissolved particles, which may be contained in the drug solution.
- Extra **needles**, it's recommendable to have extra needles, if the injection doesn't work on one sport you have to put a new needle on the syringe for the other spot.
- **Acidifiers** are used to enable heroin base-which is manufactured principally for smoking, to be more easily dissolved into a solution for injecting. They do not need to be used with the more refined hydrochloride form of heroine, i.e. heroine slat, as it is highly soluble in water. Nor need they be use in the preparation of other drugs such as cocaine hydrochloride, i.e. cocaine salt or amphetamine for injection.
Powders such as ascorbic acid (vitamin C) or citric acid are thought to be the safest and cheapest options (no lemon juice, vinegar or fresh lemon!!).
- **Tourniquets** should only be used if they are really needed. Many injectors, at least early in their injecting careers, will be able to easily access superficial veins without using tourniquets. If left in place for too long they can cause a limb to be deprived of its blood

supply. Not loosening the tourniquet before injecting can also lead to dying off of the part of the body which is tied off in cases where the user loses consciousness due to overdosing.

Part 2:

- Clean the spoon
- Clean some injection sites with an alcohol swab and find the biggest veins (switch veins each time).
- Put a bit of clean water on the spoon, then the heroine and a little bit of ascorbic acid.
- Cook the water with your lighter under the spoon
- Put a filter on the spoon and suck up the liquid through the filter into the syringe (needle off)
- Put the needle on the syringe and check that there are no air bubbles in the syringe
- A tourniquet helps the veins to dilate. Use an elastic band, which is easy to loosen. If you inject in your arm, first let it hang down to fill with blood and then tie off. Don't tie off too tight or for too long. Make sure you can open the tourniquet before pulling the needle out. For instance: keep the pulled ends of the tourniquet in your mouth. If you become too stoned your mouth will fall open and automatically the tourniquet unties.
- Insert the needle in the direction of the heart with the point of the needle pointing down. In this way the needle slides easily into the vein.
- If you see dark red blood when you pull back the plunger you are in a vein. If the blood is pink or the plunger is pushed back by itself, you have hit an artery. When this happens immediately untie the tourniquet and pull out the needle. Press on the spot with a bandage for at least 5 minutes until you are sure it has stopped bleeding. Hitting an artery can cause serious problems, so medical help is advisable.
- When you know you are in a vein push the plunger home slowly. This to avoid an overdose and to be sure you are still in the vein.
- If it's not possible to inject on several spots you can decide to push the syringe, without the needle!, empty in the anus. It's a very effective way but there is the risk of an overdose.
- When you are fished, and you did not yet, untie the tourniquet now and remove the syringe. Apply pressure, with a piece of paper or dry watt (no alcohol swab), to keep the injection site closed for a short while. For most people till the rush has finished.
- If you miss the vein or have subcutaneous bleeding put on some ointment (Heparin/Herodoid) or salted water and cover it with pressure bandages. Missed hits and subcutaneous bleeding can lead to abscesses
- Dispose your syringe in a safe way or exchange it for a clean one.
- Clean your materials, spoon etc., for a next time.

Annex 1

Cleaning syringes

Neither of those 2 methods is 100% safe. The only really safe method of injecting is to shoot up with new gear!

Boiling:

- Rinse the syringe at least 3 minutes with cold water (use fresh water every time)
- Take the syringe apart and rinse off the visible blood residue around the plunger and where the needle attaches to the syringe.
- Place needle, syringe and plunger into a little pan of water. Make sure that no air bubbles are left behind.
- Let the water cook for at least 15 minutes.
- Take the syringe out of the water and re-assemble it.

Bleach water:

- Rinse the syringe at least 3 minutes with cold water (use fresh water every time)
- Fill the syringe with bleach, shake for at least 30 seconds and squeeze the bleach out through the needle
- Fill the needle with bleach once more shake again for at least 30 seconds and squeeze the bleach out through the needle once more
- Finally, rinse the syringe three times with cold water (use fresh water every time)

Attention! When filling the syringe, draw all the water and bleach in through the needle and also flush everything out through the needle. Never use bleach or water twice.

Abscesses

What is an abscess:

An abscess is a healthy bodily reaction, which develops after an infection. The pus, which has accumulated in a hard, painful balloon, is a waste product of the body's natural resistance. Pus is inevitable for the healing process, as the harmful bacteria can only leave the body through the pus. The healing process is completed when the abscess has opened and the pus has driven out the dirt and the bacteria.

How do you get an abscess:

An abscess develops through dirt, pieces of skin and bacteria entering the skin through an open wound, for example after using non-sterile syringes.

How can you get rid of an abscess:

The golden rule is 'to keep it clean'. Furthermore, the accumulated pus must be able to drain. Put a wet bandage on the abscess or apply ointment. This softens up the skin, enabling the pus to drain faster. Never squeeze an abscess, as it might enable damaging bacteria to enter the body.



Show the abscess to a doctor or nurse!

Antibiotics are needed in the case of:

- Fever or cold chills. The bacteria have entered the body and, once reaching the heart, can cause serious damage to heart valves.
- A red, painful streak running upward from the place of infection. In this case, the bacteria have reached the lymph vessels. Upon reaching the lymph glands, the bacteria can get into the blood.
- An inflammation of the bone. This can lead to an infection of the bone (Osteomyelitis), which is difficult to cure.
- An abscess or infection on your hand or foot, (many tendon sheaths), there is a big chance that the infection might spread.
- An abscess that need to be cut.

How to avoid an abscess:

- Use a new syringe and needle each time.
- Choose a different injection site each time.
- Clean the injection site with an alcohol swab.
- If you miss the vein or have subcutaneous bleeding, put on some ointment (Heparin/ Herodoid) or salted water and cover it with pressure bandages. Missed hits and subcutaneous bleeding can lead to abscesses.
- **Ask for a safe use instruction!**

Overdosing on heroin or other sedatives



The most widespread drug, after tobacco and cannabis is heroin or other opiates. These are sedatives that have an effect on the central nervous system (brain). The central nervous system regulates breathing and pulse. When overdosing on opiates the central nervous system reduces or stops the breathing functions and eventually the heart functions. Other sedatives, such as barbiturates, benzodiazepines and alcohol, produce similar symptoms.

High risk situations are:

- The use of drugs when quality and purity are unknown.
First try a small dose.
- Purchasing drugs from unknown inmates.
- The use of heroin after having taken excessive quantities of alcohol and/or tranquillisers. In these circumstances, one may easily lose consciousness and throw up. If this happens, the vomit can block the throat.
- Using the amount you were used to in the period before incarceration, after a clean period, or a period of reduced drug use.
- Using drugs alone. Nobody can give first aid in this situation.
- Using heroin after treatment with an opiate antagonist

The following symptoms of overdosing on downers are:

- Unconsciousness
- Slow breathing
- Slow pulse

What can you do:

- Check if someone is really unconscious by screaming and shaking the person.
- If not, try to wake them up any way you can.
- The moment the person shows first signs of consciousness, keep them awake by forcing them to walk, talking, squeezing etc.

- If the person does not regain consciousness or slips back into unconsciousness again let someone **call a doctor and/or an ambulance** as fast as possible!!
(A doctor will probably give the person an injection with an opiate antagonist (Narcanti etc))

Fatal dilutions, mixing drugs and choking:

Here are some additional risk factors:

- **Fatal dilutions**
In order to maximize profits, illegal drugs are often cut with other substances. Sometimes the cut can be more dangerous than the drug itself and may lead to casualties.
- **Mixing drugs**
Mixing drugs can be dangerous. A mix of opiates, tranquillisers and alcohol is common on the opiates scene. This combination frequently leads to dangerous situations such as overdosing.
- **Choking**
Choking can be one of the consequences of mixing drugs as mentioned above. If people fall unconscious they will sometimes throw up. To avoid choking, clear the mouth and throat (with a handkerchief, for example) and when their breathing and pulse is stable, put them into the recovery position.

First aid

- **Keeping people awake**
If someone starts dozing off after having used drugs, you should try to keep that person awake to prevent unconsciousness. What can help is fresh air, making the person walk around, putting wet, cold towels on the neck and talking to the person. A good 'fellow user' should also protect his buddy from getting robbed to boot.
- **Keeping things calm**
The proverb "too many cooks spoil the broth" also applies here. No more than two people should take care of the person in distress. In an emergency it is not important what substance and/or precisely how much of it was used, as first aid is always aimed at the symptoms. In other words, it doesn't matter if it was an overdose from heroin, cocaine, or tablets, the emergency procedures are always the same.
- **Check vital functions**
The vital functions are:
 1. Breathing
 2. Heart beat / blood circulation
 3. Consciousness

The other vital functions such as regulating the body's metabolism or temperature cannot be influenced without medical help.



SAFE SEX, condom use

Safer sex involves taking precautions that decrease the potential of transmitting or acquiring sexually transmitted infections (STIs), including HIV, HBV and HCV, while having sex. Using condoms correctly and consistently during sex is considered safer sex.

Quality-assured condoms are the only products currently available to protect against sexual infection by HIV and other sexually transmitted infections (STIs). When used properly, condoms are a proven and effective means of preventing HIV infection in women and men. However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STI. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect.



How to use a male condom?

- Condoms with lubrication are less likely to tear during handling or use. Oil-based lubricants, such as Vaseline or baby-oil, should not be used, as they can damage the condom.
- Only open the package containing the condom when you are ready to use it. Otherwise, the condom will dry out. Be careful not to tear or damage the condom when you open the package. If it does get torn, throw it away and open a new package.
- Condoms come rolled up into a flat circle. Place the rolled-up condom, right side up, on the end of the penis. Hold the tip of the condom between your thumb and first finger to squeeze the air out of the tip. This leaves room for the semen to collect after ejaculation. Keep holding the top of the condom with one hand. With the other hand, unroll the condom all the way down the length of the erect penis to the pubic hair. If the man is uncircumcised, he should first pull back the foreskin before unrolling the condom.
- If the condom is not lubricated enough, a water-based lubricant (such as silicone, glycerine, or K-Y jelly) can be added. Even saliva works well for this. Lubricants made from oil—cooking oil or shortening, mineral or baby oil, petroleum jellies such as Vaseline, and most lotions—should never be used because they can damage the condom.

After sex, the condom needs to be removed the right way.

- Right after the man ejaculates ('cums'), he must hold on to the condom at the base, to be sure the condom does not slip off.
- Then, the man must pull out while the penis is still erect.
- When the penis is completely withdrawn, remove the condom from the penis and throw away the condom. Do not flush it down the toilet.

If you are going to have sex again, use a new condom and repeat the whole process.

How to use a female condom?

The female condom is the first and only female-controlled contraceptive barrier method. The female condom is a strong, soft, transparent polyurethane sheath inserted in the vagina before sexual intercourse. It entirely lines the vagina and, therefore, with correct and consistent use, provides protection against both pregnancy and STI's and Hiv. The female condom has no known side effects or risks and does not require a prescription or the intervention of a health-care provider

- Carefully remove the condom from its protective pouch. Add extra lubricant, if desired, to the inner and outer rings of the condom.
- To insert the condom, squat down, sit with your knees apart, or stand with one foot on a stool or low chair. Hold the condom with the open end hanging down. While holding the top ring of the pouch (the closed end of the condom) squeezes the ring between your thumb and middle finger.
- Now place your index finger between your thumb and middle fingers. With your fingers in this position, keep the top of the condom squeezed in a flat oval. Use your other hand to spread the lips of your vagina and insert the closed end of the pouch.
- Once you have inserted the closed end of the pouch, use your index finger to push the pouch the rest of the way up into your vagina. Check to be certain that the top of the pouch is up past your pubic bone, which you can feel by curving your index finger upwards once, it is a few inches inside your vagina. You can insert the pouch up to eight hours before you have intercourse.
- Make sure that the condom is not twisted inside your vagina. If it is, remove it, add a drop or two of lubricant, and re-insert. Note: About one inch of the open end of the condom will remain outside your body. If your partner inserts his penis underneath or alongside the pouch, ask him to withdraw immediately. Remove the condom, discard it, and use a new pouch. Until you and your partner become familiar with the female condom, it will be helpful if you use your hand to guide his penis into your vagina.
- After your partner ejaculates and withdraws, squeeze and twist the open end of the pouch to keep the sperm inside. Pull out gently. Dispose of the used condom (but do not throw it down the toilet).

If you are going to have sex again, use a new condom and repeat the whole process.

What are Glyde Dams

Glyde dams (or dental dams or licking dams) are specially designed as a barrier for use while performing cunnilingus (oral/vaginal sex) and annunlingus (oral/anal sex or Rimming)

When properly used they may help to reduce the risk of catching or spreading many sexually transmitted Infections (STI's) such as syphilis, gonorrhoea, chlamydia infections, genital herpes and Hiv.

If you are going to have oral sex again, or with the other partner, use a new Glyde dam.



TUBERCULOSIS

WHAT IS TB:

TB is an infectious disease caused by a bacterium. While these bacteria can attack different organs, lung tuberculosis is the most common form. TB symptoms include tiredness, lack of appetite, lost of weight, protracted coughing, night sweats and fever, pain in the chest

- Every second someone in the world is newly infected with TB bacilli
- Overall, one-third of the world's population is currently infected with the TB bacillus.
- 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) becomes sick or infectious at some time during their life.

HOW DO PEOPLE GET TB:

Like the common cold, it spreads through the air. Only people with active (=contagious) lung TB are infectious. When infectious people cough, sneeze, talk or spit, they propel TB bacilli into the air. A person needs only to inhale a small number of these to be infected.

HIV and TB

Hiv and TB form a lethal combination, each speeding the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB is many times more likely to become sick with TB than someone infected with TB who is HIV-negative. TB is a leading cause of death among people who are HIV-positive. It accounts for about 13% of AIDS deaths world-wide.

PREVENTION

Because TB is spread by coughing and sneezing, putting your hand in front of your mouth and turning away from others is important. You should also turn the other way when others cough in your direction.

TREATMENT

Since 1953 there are medicines to treat TB.

Once patients with infectious TB (bacilli visible in a sputum smear) have been identified using microscopy services, health and community workers or trained volunteers observe patients swallowing the full course of the correct dosage of anti-TB medicines. The most common anti-TB medicines are isoniazid, rifampicin, pyrazinamide, streptomycin and ethambutol.

Sputum smear testing is repeated after two months, to check progress, and again at the end of treatment. (6 months or longer)

TB medications may cause side effects like; fatigue, joint pains, and problems with the liver. There is sometimes a bad interaction with other medicines; oral anti-conception is unreliable and the effect of Methadon will be reduced.

DRUG –RESISTANT TB

Drug resistant TB is caused by inconsistent or partial treatment, when patients do not take all their medicines regularly for the required period because they start to feel better, because doctors and health workers prescribe the wrong treatment regimens, or because the drug supply is unreliable.

From a public health perspective, poorly supervised or incomplete treatment of TB is worse than no treatment at all. When people fail to complete standard treatment regimens, or are given the wrong treatment regimen, they may remain infectious. The bacilli in their lungs may develop resistance to anti-TB medicines. People they infect will have the same drug-resistant strain.

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