HIV Risk Behaviors and Perspectives of Injecting Drug Users in Yunnan Province, China

Eleanor Morrison
Jennifer Christian
Kathryn O’Connell

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Research & Metrics
Population Services International
1120 Nineteenth Street NW, Suite 600
Washington, D.C. 20036

Authors
Eleanor Morrison, PSI/China, Population Services International
Jennifer Christian, PSI/China, Population Services International
Kathryn O'Connell, Research & Metrics, Population Services International

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**Executive Summary**

**Objective:** This study examined behaviors that could lead to an increased risk for HIV infection among injecting drug users (IDUs) in Yunnan province, China. The study aimed to understand these behaviors and risk perceptions of injecting drug users by assessing individual experiences, attitudes, and social influences. The results of this research can be combined with PSI/China quantitative research to improve HIV prevention program design for IDUs in southern China.

**Methods:** A peer interviewer conducted a total of 12 in-depth interviews in four compulsory rehabilitation centers and one voluntary rehabilitation center in Yunnan province. The rehabilitation centers were located in three prefectures, Dehong, Honghe and Kunming, all with epidemic levels of HIV among injecting drug using populations. Discussions were on circumstances in which IDUs use contaminated injecting equipment. The methods IDUs use to clean injecting equipment, accessibility to new injecting equipment, and perceptions of ability to access care and support for their drug use were explored. In addition, two focus groups were conducted in Kunming, one among current and one among former IDUs, to further understand needle buying and sharing.

**Results:** Although basic knowledge of modes of transmission is high, this report indicates that IDUs are continuing to engage in unsafe injecting behaviors. A few factors indicate that a comprehensive understanding of HIV is still lacking. Many IDUs believe they can judge who is HIV-positive when deciding whether to share needles/syringes, and their judgments are often based on familiarity with a person. Self-taught cleaning methods are considered sufficient to prevent HIV transmission. Risk perception is also low, with some IDUs believing sex workers are more likely than IDUs to be HIV-positive to justify a continuation in practicing unsafe injecting.

**Conclusions:** This report suggests that there are several reasons IDUs are continuing to engage in risk behaviors. Incorrect and incomplete knowledge of HIV and prevention techniques, low risk perception, societal discrimination, fear of incarceration, and a lack of accessibility to injecting equipment contribute to unsafe behavior and put IDUs and others at risk for transmission of HIV. Programs that are beginning to have an impact on accessibility and education of key populations at higher risk for HIV must be scaled up to prevent the spread of HIV from these groups to the general population in Yunnan province.

**Programmatic Recommendations:** A comprehensive set of interventions is needed to address HIV transmission in IDUs in Yunnan. These interventions should include both programs that target IDUs and their ability to influence their peers, as well as complementary programs that facilitate IDUs' access to health services as needed. Targeted programs for individual IDUs should encompass training in peer education, self-efficacy training to avoid helping others initiate injecting, learning effective cleaning techniques for emergency situations, and supplemental HIV education to combat the concept of “safe” sharing and low risk perception. This should be combined with external efforts to reduce barriers to needle/syringe access, such as sensitivity training for pharmacists, the scale-up of HIV prevention programs including needle and syringe programs (NSP) and voluntary...
counseling and testing (VCT) services for IDUs, stigma reduction activities for communities, and especially advocacy with all levels of government, particularly the Departments of Health and Public Security. Working closely with government groups, especially police, will be essential in breaking down remaining barriers to implementing effective HIV prevention programs among IDUs.
INTRODUCTION

Globally, unprotected sex is the dominant route of HIV transmission. In many parts of Asia, however, HIV transmission is being driven primarily by the use of contaminated injecting equipment. The first cases of HIV in China were discovered in a group of IDUs in Yunnan province, near the border of the Golden Triangle region of Southeast Asia. With the exception of the illegal blood-selling scandal in central China, the spread of HIV cases in China has been driven by injecting drug use, originating in Yunnan. It is estimated that of the 650,000 people living with HIV (PLHIV) in China, 80,000 of them are in Yunnan. This number represents approximately 28% of the national total, making Yunnan by far the most HIV-affected province in the country.¹

Many countries with high levels of HIV among the IDU population have not yet implemented effective measures to prevent the spread of HIV. Some regions in Asia have seen huge increases in HIV among IDUs in a short amount of time. IDUs in Manipur, India, and Yunnan, China, had an HIV prevalence of less than 5% in 1989. Within 12 months, more than 40% of the IDU population was infected with HIV.² An estimated half of China’s drug users are IDUs.³

It has been shown that once a significant number of people in a community are infected with HIV, controlling its spread becomes much more difficult. High rates of HIV in the IDU population can quickly move into the general population through sexual contact. The overall HIV prevalence among IDUs for all of Yunnan province was already 22.6% in 2004.⁴ In some areas it has reached as high as 70%.⁵

Yunnan province, bordering the Golden Triangle, is used as a major trafficking route for heroin and other drugs. The low price of and easy access to these drugs has resulted in large numbers of people living in the area using drugs, up to 87% of whom are heroin users.⁶ Punishment for the use of illegal opiates is usually incarceration in compulsory rehabilitation centers, run by the Public Security Bureau (PSB). In 2004, approximately 58,000 IDUs in Yunnan were arrested and incarcerated in compulsory rehabilitation centers, with that number thought to be much higher in 2005.⁷ IDUs are incarcerated for up to a year at a time, with repeat offenders sometimes being incarcerated in “reeducation through labor” camps for periods of up to three years.

¹ Yunnan Provincial Centers for Disease Control (CDC). HIV Epidemic in Yunnan. Notes from presentation. 2006.
Fear of this incarceration can influence risky behavior among IDUs. Studies in many countries show that police harassment and fear of police discourages IDUs from carrying their own injecting equipment and increases the likelihood of using contaminated injecting equipment. This means that cooperation between police and HIV prevention programs plays an important role in creating an enabling environment for successful programs.

In recent years, various programs and government services have been implemented in Yunnan with the aim of preventing the spread of HIV in at-risk populations, including IDUs. With an increased police presence in recent years in areas such as Yunnan, a cooperative relationship with police at all levels is essential to achieve a reduction in unsafe injecting practices. Although there has been an increased acceptance of harm reduction programs by the Chinese government, official regulations have fallen short of directly endorsing needle and syringe programs (NSP). Thus despite rapid increases in the numbers of methadone clinics, the level of government support for NSP has been lower than that of methadone and their expansion has proceeded at a slower rate.

Most IDUs in Yunnan access new injecting equipment at pharmacies and health clinics. The price for a single one-milliliter-barrel detachable syringe is relatively affordable, usually ranging from 0.5 to 1.5 Chinese Yuan (USD $0.06 to $0.18), and many pharmacies and clinics legally sell them. There are currently around 20 NSPs operating in the province in which injecting equipment is supplied free of charge at the NSP or through community-based outreach at a lower price of around 0.2 Chinese Yuan (USD $0.03). Despite the perceived availability of new injecting equipment (over 90% reported that they felt they could access new needles/syringes when needed), IDUs appear to be continuing to take risks when injecting. The percentage of IDUs in China who reported using contaminated injecting equipment increased from 31.7% in 1999 to 45% in 2001 and was reported at 37% among IDUs in Yunnan in 2004, indicating that there are still significant barriers to accessing clean injecting equipment.

This study complements earlier PSI/China quantitative research: HIV/AIDS Risk Behavior among Female Sex Workers and Injecting Drugs Users in Yunnan Province, People’s Republic of China: Results of Behavioral Surveillance Survey. That study sampled 668 IDUs in compulsory rehabilitation centers in Kunming, Dehong, and Honghe prefectures, and explored behaviors related to using contaminated injecting equipment and unsafe sexual practices. IDUs who had recently been incarcerated were asked about their injecting and sexual

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8 Riehman K.S. Injecting Drug Use and AIDS in Developing Countries: Determinants and Issues for Policy Consideration. 1996.
behavior in the month before their incarceration. It was found that 20.1% did not know injecting with a used needle could transmit HIV, 37.4% had shared needles, 39.4% shared other injecting equipment, and 37% drew from a common solution. The ability to obtain new needles and syringes predicted never sharing in the past month of using. Eighty-eight percent of IDUs had unprotected sex with their regular partner and 63.8% had unprotected sex with a commercial partner. Around thirty-seven percent (37.4%) of IDUs did not feel confident they could use a condom correctly, and 14.4% did not know using condoms correctly and consistently could protect a person against HIV. In addition, risk perception was very low among IDUs, with 56.7% believing they were at no or small risk of infection.

To gain greater insight into factors influencing the continued high rate of needle/syringe sharing, this report uses qualitative methods to explore factors that put IDUs at risk for HIV. These factors include their personal risk perception, their knowledge of HIV and AIDS, and other barriers to preventing HIV transmission for IDUs in Yunnan province. The in-depth interviews and focus group discussions contained in this study were intended to improve the understanding of how personal experiences of IDUs within their social environment and their perceptions of themselves and their experiences influenced their risk behaviors. The resulting data will, in turn, inform future PSI and other programs targeting IDUs in Yunnan province.

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13 These percentages are among those who had regular or commercial partners in the month prior to entering the detoxification center.
OBJECTIVES

A total of 12 in-depth interviews were conducted with IDUs in compulsory rehabilitation centers in three prefectures of Yunnan. The discussion guide for the interviews was designed by PSI/China with input from PSI/Asia. It covered the following objectives:

1. To obtain detailed information about the attitudes, knowledge, and experience of IDUs with regard to:
   - Why they first started using drugs
   - Why they first injected drugs and who influenced them to begin injecting
   - Cleaning and sharing needles

2. To record personal stories with which to develop future outreach programs as well as Behavior Change Communication (BCC) programs

In addition, two focus group discussions were conducted with current and former IDUs in the city of Kunming, Yunnan. The focus group discussion guide was designed to build on the information gained from the in-depth interviews, and to inform a program increasing needle and syringe accessibility for IDUs in Kunming. The discussion guide was designed by PSI/China and had the following objectives:

1. To explore reasons IDUs continue to take injecting risks even when they have knowledge of HIV
2. To obtain information related to buying needles in pharmacies for the purposes of illicit drug use
3. To identify methods for making pharmacies seem more accessible to the IDU population of Kunming
Methodology

Study Sites
The study was conducted in three areas in Yunnan Province: Dehong, Honghe, and Kunming. The areas were chosen for the high prevalence of HIV among IDUs (together they contain 48% of Yunnan’s HIV cases) and because PSI/China’s existing programs in compulsory rehabilitation centers there afforded researchers accessibility to IDUs for interviewing. Kunming is the capital city of Yunnan province. Outside of Kunming are a large compulsory rehabilitation center and a voluntary rehabilitation center. Two interviews were conducted in each of these centers. Dehong prefecture and Honghe prefecture are on the borders of Myanmar and Laos respectively. Both prefectures have generalized HIV epidemics, with prevalence rates greater than 1% in antenatal surveillance, including rates of HIV among IDUs as high as 70%. Four interviews were conducted in compulsory rehabilitation centers in each of these prefectures. Current and former IDUs were recruited from drop-in centers in Kunming to participate in the focus group discussions.

Study Design
The core methods in this study of IDUs include focus group discussions and in-depth interviews. All data collection was conducted in Mandarin and local dialects.

In this assessment, key informants were injecting drug users. A standardized guide was developed prior to the assessment. In contrast to the focus group discussion guide, the in-depth interview guide focused on personal behavior related to drug use. Participants were asked why they first started using drugs, what factors influenced them to begin injecting, and their cleaning and sharing of needles and syringes.

The two focus group discussions were meant to inform a program targeting pharmacists and health workers selling injecting equipment to IDUs. The focus group discussions were also intended to gather information not gathered in the in-depth interviews. This included information about needle and syringe accessibility as it relates to sharing of injecting equipment and other barriers to promoting consistent use of sterile injecting equipment, as well as HIV risk perception among current IDUs.

Sampling Techniques
The recruitment plan to obtain the sample for participants was not uniform across sites. To participate in the study, participants were required to have a history of injecting drug use and have a minimum age of 18. In a few cases, employees of the rehabilitation centers and drop-in centers selected participants for interview, but most participants of the in-depth interviews were selected by the interviewer.

In-depth interviews were conducted in the latter half of 2005. Ten interviews were conducted in compulsory rehabilitation centers in Yunnan. The voluntary rehabilitation center where the remaining two interviews were conducted is a small center outside

Kunming run by an international nongovernmental organization. Residents pay a fee and live on the premises for one to two years. Of the 12 participants in the in-depth discussions, 10 were male and two were female. Their ages ranged from 23 to 46 years old and the length of time they had used heroin ranged from 5 to 18 years. The age at which participants first tried heroin varied from 13 to 30.

Two focus group discussions were conducted in two different drop-in centers in Kunming in the first half of 2006. Each group had eight participants, one with current IDUs and one with former IDUs in Kunming. Groups contained both males and females. Their ages ranged from 25 to 40 years old. The focus group discussion participants were recruited by staff of two IDU drop-in centers. Discussions took place in separate conference rooms located at each of the two centers to provide a familiar and convenient environment for participants.

Procedure
Prior to the in-depth interview or focus group discussion, interviewers obtained verbal consent from the participants. The participants were given background information about the project and ensured that the information they provided would remain confidential. In-depth interviews were conducted in Mandarin and in the local dialect of Kunming by a local interviewer and were audio-recorded. A former IDU, also a PSI/China staff member, was chosen as the interviewer to facilitate better rapport with respondents and enable more effective probing on questions about injecting practices. The interviewees were given gifts of hygiene products such as washcloths and toothpaste for their participation as monetary payments were not allowed inside the center.

A trained interviewer administered the focus group discussions with one other person taking notes to record nonverbal cues. They were recorded using a portable digital recorder. Unlike those who participated in the in-depth interviews, focus group discussion participants were paid 50 Chinese Yuan (USD $6.40) for their participation. Both the in-depth interviews and focus group discussions lasted between one and one-and-a-half hours.

Local people transcribed the interview and focus group recordings. Native English speakers translated the transcripts into English before they were analyzed by a native English speaker. Themes were identified and coded manually by the researchers before final in-depth analysis.

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15 Three focus group discussions were originally conducted, two with current IDUs and one with a mix of former and current IDUs. One of the focus group discussions with current IDUs was lost when the recording was transferred to a computer. The notes that were taken during the focus group discussion were insufficient to be used.
LIMITATIONS

Number of Participants
Researchers carried out only 12 in-depth interviews focusing on three areas in Yunnan province with high HIV prevalence among IDUs. Although this is not a large sample size, the concordance of data among interviewees from different areas indicates that data are still representative of general experiences and attitudes of IDUs in high-prevalence areas of Yunnan.

Selection of Participants
All in-depth interview participants were undergoing rehabilitation, most involuntarily, and a few were selected by rehabilitation center staff in response to the request of the interviewer. This presents a possibility of selection bias as respondents favored by center staff may not be representative of the typical inmate. Nevertheless, no center staff were present during the interviews, enabling a more private environment for discussion and thereby encouraging honesty in participants’ responses.

Males and females were combined during the focus group discussions. This may have affected the honesty of participant responses. In addition, because the majority of IDUs in China are male, they made up a large part of the focus groups and most of the quotes in the report therefore reflect male perspectives.

In addition, selection of participants was not adjusted to include newer and older users. The least amount of time a participant had been using was five years, presenting a potential for bias. Younger, less experienced injecting drug users often have different experiences and practices than older, more experienced users. In Yunnan this may be manifested in several ways. For example, younger users may have had more access to education, including safer injecting and HIV education, than older users. They may also have less access to services and remain more hidden than their older peers. The exclusion of younger users in this study potentially represents a significant gap in the conclusions that can be drawn from the results of this study.

Content of the Original Discussion Guides
The participants in the in-depth interviews were asked only about the reuse and cleaning of needles and syringes and not other injecting equipment such as containers or water, which also transmit blood-borne viruses such as HIV.

The use of two different discussion guides for the in-depth interviews and focus group discussions also made coding and analyzing the information more difficult.

Location of the Research Sessions
The majority of interviews were conducted in police-run compulsory rehabilitation centers, and two interviews were conducted in a faith-based rehabilitation center. The use of incarcerated and rehabilitating IDUs meant the questions were often asked in the past tense about experiences prior to rehabilitation. Because of this, their responses did not necessarily
reflect their most recent or current injecting practices. The researchers attempted to address this problem by recruiting current IDUs for one of the focus group discussions.

The participants in the focus group discussions were recruited from two drop-in centers in Kunming. One of these drop-in centers operates an NSP and therefore it is likely to be much easier for the participants of this program to access new injecting equipment than for IDUs in other areas.

Language
There is potential for bias, misinterpretation, and loss of information when data is analyzed in a language different from the original transcripts. Subtle points or nuances in language may be missed during translation. PSI/China used local staff to review all English translations of transcripts to avoid such mistakes whenever possible.
RESULTS

History of heroin use

The participants in this study reported various factors that influenced them to try heroin for the first time. Many of the people interviewed said they first tried heroin because they were curious. All of the participants first tried it with at least one friend and most felt their drug-using friends encouraged them to try heroin. Easy availability and widespread use among friends was seen to create an environment that facilitated heroin experimentation for some of the participants.

“At that time a group of young friends and I were having fun together; we were a little curious. We wanted to know why it was so hard to quit taking this stuff, how you could become addicted. The first time we all tried taking it together … The next-door neighbor was selling some so we bought a bag. My friend’s brother had an opium bong, so we used that to smoke the stuff.” (Male interviewee, Dehong compulsory rehabilitation center)

Transitions—from smoking heroin to injecting

All of the people interviewed began using heroin by smoking. The common smoking methods include “chasing the dragon,” where the heroin is placed on tinfoil and heated while the smoker sucks a straw to inhale the smoke, and adding heroin into tailor made cigarettes. The change to injecting usually occurred a significant length of time later, sometimes years. Many reported that financial problems led them to try injecting. They first tried injecting when the amount of money they had was not sufficient to buy enough heroin to suppress their craving for the drug through smoking.

“The first time I injected was with a friend in Kunming. There was a problem with the amount of heroin we had and with money, there wasn’t much of a rush and every time we used it had to be more and more until we were using five bottles to get that ‘hun’ (heady feeling).” (Male interviewee, Honghe compulsory rehabilitation center)

Many of the participants reported that their decision to start injecting was influenced by peers’ descriptions of the benefits of injecting, particularly that injecting is cheaper than smoking, and injecting gives a ‘comfortable feeling’ or a ‘fragrant smell,’ or provides a better fix against a craving: a ‘heady or woozy feeling’ (hun) that they were no longer feeling when they smoked heroin.

“The first time I injected was because smoking didn’t have any effect anymore, my friend told me what the feeling of injecting was, how good it was, how there was that fragrant smell.” (Male interviewee, Honghe compulsory rehabilitation center)
Injecting drug users’ friends were almost always present the first time the participants injected heroin and often helped the participants learn how to inject. Some IDUs said they were discouraged by their friends from injecting the first time but many were encouraged, either directly or indirectly, by watching others inject, being verbally encouraged to inject, or by being told about positive aspects of injecting.

“When drug users are together and you see other people looking so comfortable shooting up, you stop smoking the stuff.” (Male interviewee, Dehong compulsory rehabilitation center)

“The heroin my friend brought back wasn’t enough, so my friend told me they were all injecting and that it was a good feeling. … I didn’t know what injecting was all about … my friend said he would help me inject, so I injected.” (Male interviewee, Kunming compulsory rehabilitation center.)

When asked if they had ever helped others to inject, most of the participants reported that they had never helped another person inject drugs for the first time, though some reported they had helped experienced users inject. The distinction between helping a person inject for the first time and helping an experienced user inject appeared to be important to these participants.

Of the few participants who reported they had assisted first-time injectors, most said they tried to persuade the person not to inject. Because most of the study participants were long-term heroin users and injectors, many felt that injecting heroin led to increased health risks and stronger addiction, and believed noninjectors should stick to smoking for these reasons. When asked why they agreed to assist the person in injecting, the participants reported situations where nonexperienced users asked repeatedly for help with injecting and the more experienced injectors finally felt they had to do as asked.

“I’ve never encouraged someone to inject, but I’ve helped others to inject. At that time I still advised … that if you’ve never injected you should try your best not to inject, because I know the harm of injecting is greater than the harm of smoking. … I advise people not to inject, but if they still want to inject I’ll help them.” (Male interviewee, voluntary rehabilitation center)

**HIV knowledge and sharing of injecting equipment**

All of the participants had heard of HIV, and most knew that injecting drug use, specifically sharing injecting equipment, contributes to HIV risk.

The sharing of injecting equipment is reported as being a common occurrence among IDUs in Yunnan, with almost all of those interviewed having used contaminated injecting equipment in the past. Only one insisted that he had never shared injecting equipment. He was the only participant who reported he was always able to access new and often free syringes, suggesting availability of free injecting equipment had a positive effect on this man’s injecting risk behaviors.
“I have never shared needles. After I started injecting drugs, the clinic for the prevention of epidemic diseases started to give out needles. They issued 50 at a time.” (Male interviewee, Honghe compulsory rehabilitation center)

The other participants stated that they had used contaminated injecting equipment in the past. Two participants in the in-depth interviews initially said they had never reused another person’s injection equipment, but upon further questioning admitted they had shared another person’s used needle/syringe before, such as in the following example.

“Facilitator: Have you ever shared needles with anyone else? Even once?  
B: No.  
Facilitator: Have you ever been in the situation where you didn’t have a needle and someone else does so you borrow theirs?  
B: Once when I went out I forgot to bring it [my syringe] and I was craving for a hit. The people who were injecting together looked very dirty. I didn’t dare borrow a syringe, but I couldn’t suppress my need for a hit. There was nothing else I could do; I just had to use their syringe. First I washed it in fresh water then soaked it in hot water. I soaked it twice and then I rinsed it again with fresh water. I always pay particular attention to washing syringes.” (Male interviewee, Dehong compulsory rehabilitation center)

Focus group participants also reported that using contaminated injecting equipment was an inevitable part of being an injecting drug user.

Facilitator: “I’d like to understand, of the people sitting here, have you shared or reused needles?”  
Male: “Ah that, it’s normal.” (Male focus group participant, Kunming)

Male1: “You can’t avoid it.”  
Female: “There’s no way.”  
Male2: “If you quit you can avoid it.” (Male and female focus group participants, Kunming)

Despite a history of having shared needles/syringes, most of the participants reported that needles and syringes are affordable and relatively accessible from local pharmacies, and that they generally avoided the sharing of needles and syringes. The most common reason cited for using contaminated injecting equipment was the craving being “too strong.” This often meant that, because of the physical discomfort caused by heroin withdrawal, having your own clean needle was not considered essential. The discomfort and need for the drug overrode possible worry about the health consequences of sharing at the time.

“When the craving hits, my mind is just blank, I don’t care about anything … We also know and our brains make the connection that sharing needles will transmit HIV, and at that point we can only quickly stick the needle in.” (Male interviewee, Honghe compulsory rehabilitation center)
Many of the in-depth interview participants had shared in circumstances when it was too late to buy needles (after pharmacies/clinics had closed). Some also indicated that they used contaminated injecting equipment when they did not have enough money to buy syringes.

“One time I bought drugs and I only had five mao (0.5 Chinese Yuan) on me. Two people wanted to use and the craving was strong, we didn’t have the strength to go out and buy a needle … If circumstances permitted I would be willing to buy a thousand to use. I know it’s not sanitary, cleaning is just rinsing it out casually.” (Male interviewee, Honghe compulsory rehabilitation center)

In addition to personal factors such as “craving” and lack of money, fear of the police was also mentioned as an external barrier to needle accessibility. Police activity affected the buying and carrying behavior of the participants in several ways. Previous experiences of being caught carrying syringes had made the participants feel more vulnerable to arrest, which affected their behavior when trying to access injecting equipment or heroin.

“If while on the way to get drugs you get ratted out, you fear that you’ll get taken in and then they’ll (the police) search you and if they pull out a needle … so sometimes you throw it away. If you don’t throw it away you’ve got no choice, you’ll get locked up.” (Male focus group participant, Kunming)

Some participants reported police targeting of locations where needles/syringes are available, affecting the ability of these participants to access new injecting equipment. The participants expressed a high level of distrust of the police.

“These days it doesn’t matter where you go to buy (injecting equipment). If you buy ‘guomi’ (a detox pill) there’s someone there to arrest you.”
(Female focus group participant, Kunming)

Fear of arrest affected some participants’ choice of where and when to access injecting equipment.

“We go someplace far to get what we could find closer by. In the last few years I’ve been going really far to buy them (injecting equipment) … because if I buy them close by I will probably get caught.”
(Male focus group participant, Kunming)

“If you go at noon to buy (syringes) then the police are off work, right? So we usually went at 12 or 6 pm.” (Male focus group participant, Kunming)

Lastly, poor risk perception continues to be a barrier to safer injecting practices. Despite good basic knowledge of HIV transmission routes, some participants felt that the major risk for HIV was through sex rather than injecting. This influences a drug user’s decision about whether or not to take the risk of using another person’s needle/syringe.

Facilitator: “Who’s at risk for HIV?”
Male 1: “People who sleep around, especially drug users. The females have been with a lot of people. They’ve slept with them and not used condoms. Not too long ago they said the real high-risk group is prostitutes.”

Male 2: “I remember before there was a report that said drug users were not the highest risk, the highest risk was prostitutes.”

Male 3: “They said drug users don’t have a very strong libido, they don’t really have sex. But if two people inject and are high they might have sex. It’s hard to say, this could cause infection. But if the two of us just get drugs together but nothing happens, we chat, we suddenly have sex, this could cause infection.” (Male focus group participants, Kunming)

“Safe” and “unsafe” sharing

Although many of the participants report that an HIV-positive person cannot be identified by their outward appearance, some of the participants in this study have developed strategies to decide how they can tell if a person is HIV-positive. One of the most common criteria for judging a person to be uninfected with HIV is having known them personally. Most IDUs said they would use contaminated injecting equipment only with friends or people they knew well as they were more aware of these people being “healthy” or free of disease. Some IDUs reported that they would simply know if a person was HIV-positive or “sick”.

“I’ve shared needles with my friends and my girlfriend before, people who generally look healthy.” (Male interviewee, Kunming compulsory rehabilitation center)

“If you suspect or are sure that he’s (another IDU) got a disease then you wouldn’t use his (needle). If he doesn’t have a disease then we would just take it and use it.” (Male interviewee, Dehong compulsory rehabilitation center)

For some participants, refusing to share the used injecting equipment of someone they knew would show a level of mistrust.

“With my good male friend, if I told him I didn’t want to use his needle he might feel that I didn’t trust him. If you’re with good friends you wouldn’t even need to ask to use their needle; you don’t have one, well then use mine.” (Female interviewee, Honghe compulsory rehabilitation center)

Despite the fact that the majority of HIV infections in Yunnan are the result of using contaminated injecting equipment, some respondents, as mentioned earlier, felt sex presented the primary risk of infection. Thus several male participants said they would use contaminated injecting equipment with male friends but not females. They believed females are more likely to have worked as sex workers, and are therefore more likely to carry HIV or other transmissible diseases.

“If someone had used a needle already and I had a choice about using it, I would only use a man’s needle. Because when the girl went to get the drugs, she probably prostituted herself. … Women have a larger chance of being infected. Of course I’m going to choose the lesser probability and protect
Attitudes toward service provision and accessing injecting equipment

When asked about safe locations for accessing injecting equipment, some focus group participants chose to buy injecting equipment at large chain store pharmacies for the anonymity they provide, and for convenience. Some of these pharmacies are open 24 hours, are less likely to have security, and are more anonymous than smaller pharmacies, providing a level of protection for IDUs. The participants would assess people in and around pharmacies and clinics for a level of safety before deciding to buy new injecting equipment.

“You rode your bike and looked to see if there was security nearby. Generally we went to a market like (a large chain store pharmacy in Kunming) … those places are generally safer.” (Male focus group participant, Kunming)

Some participants preferred small clinics and pharmacies to the larger chain stores for their convenience and personal service. In some cases IDUs were able to access these services after hours or even when they had no money. One reported that he could receive needles on “credit” from a local clinic.

“Sometimes you could knock on the door, they would open it a crack, you hand in one Renmin Bi (1 Chinese Yuan) and they give you a needle.” (Male focus group participant, Kunming)

Most participants reported they preferred fast service when purchasing injecting equipment. The participants believed it would be dangerous or annoying to be asked questions or given information about injecting drug use as it would add to the amount of time they were in the pharmacy and would draw attention to the reason they were there.

The ideal for participants when accessing injecting equipment was to get efficient, nondiscriminatory, and discreet service.

“(In the past) I would go to (area of town where IDUs gather in Kunming) and tell the manager how big (a syringe) I wanted. The manager wouldn’t say anything. He would give it to me covertly.” (Male focus group participant, Kunming)

Some reported that they had felt discriminated against by service personnel, which may influence a future decision to access equipment at such places.

“As soon as you say you want to buy a needle the pharmacist just looks at you with that look and their attitude is different. They take it out and slap it on the table.” (Male focus group participant, Kunming)
Cleaning injecting equipment

Most of the participants reported that they knew using contaminated injecting equipment transmits diseases, including HIV. Cleaning needles and syringes that have been used previously was considered important or very important to the majority of the IDUs who were interviewed. Thus IDUs in the study were willing to clean their needles when injecting with previously used injecting equipment but did not know how to do it effectively. None used cleaning methods that had been formally taught by health professionals or peer educators who were trained in reducing risks associated with injecting.

The main cleaning method for participants was to use water to flush out syringes. Water could be hot or cold, sterile or tap water, or, in one case, river water. There was no consistency in the cleaning methods reported. Some participants used medical alcohol to disinfect their syringes when it was available and some used toilet paper or cotton buds to wipe any additional blood. Some cleaned their syringes immediately after using them, and some cleaned syringes prior to using them. Cleaning methods were adapted from memories of watching medical staff clean injecting equipment and watching IDU friends. Methods also varied according to circumstances, with some participants having a particular way of cleaning their injecting equipment but some adapting to the conditions in which they were injecting or the level of motivation they were feeling at the time.

Interviewer: “When you were injecting did you think cleaning syringes was important?”
F: “… At that time it was glass and I’d use water to boil it, but it depended on my interest. If I thought of it I’d boil it.”
Interviewer: “Who taught you to do this?”
F: “No one taught me this. I just figured I should do it. I remembered when I was little (kid) seeing them use disinfectant liquid in the hospital. I felt it seemed cleaner … When I’m happy I just use alcohol to disinfect it (the needle/syringe). When I’m in a bad mood I don’t care and I just rinse it twice with whatever’s around.” (Female interviewee, Honghe compulsory rehabilitation center)

Many participants believe that these routinized methods for cleaning syringes provide protection against HIV transmission. This false sense of security, in turn, contributes to a low perceived risk for HIV.

“To be honest, you don’t have to be afraid that sharing needles will (transmit HIV). You just have to use more clean water to wash it out. Wash it 10 or more times, then it definitely won’t cause transmission.” (Male focus group participant, Kunming)

When participants were asked why they cleaned their equipment, responses included “disease prevention,” “cleanliness,” “not wanting to mix ‘blood types,’” and “wanting to reduce incidences of needle blockage.”

“I use clean water to rinse them. I completely wash out the coagulated blood from inside the syringe. I wash away the solidified blood that stains the needle and needlepoint with a tissue twisted into strips. Then, when it looks clean, I stop. I then wash it again with fresh water until the water is clean and
then put it away. … Because I have worked in medicine, I really care about cleanliness, I don’t want to catch any contagious diseases.” (Male interviewee, Dehong compulsory rehabilitation center)
CONCLUSIONS AND PROGRAMATIC RECOMMENDATIONS

This research indicates that many IDUs may be continuing high-risk injecting despite knowledge of HIV and its transmission routes. All of the participants in this study but one reported having engaged in unsafe injecting practices.

The participants in this study were accessed in some of the highest-risk prefectures in Yunnan, where many HIV programs and media education programs are focused. They were attendees of HIV prevention programs or were incarcerated in compulsory rehabilitation centers and voluntary rehabilitation centers that value HIV education and allow organizations like PSI to conduct HIV prevention training within them. These particular IDUs are likely to have had more education, including more comprehensive training in HIV knowledge and prevention, than many IDUs in the province. Yet many still reported high-risk injecting practices and incorrect knowledge of HIV and its effects on key vulnerable groups in Yunnan.

The following recommendations reflect key areas in which HIV prevention programs in Yunnan may be able to affect transmission of HIV among IDUs.

Reduce behaviors that encourage others to use and inject heroin

Many of the participants in this study first used heroin with the support and encouragement of their friends, who sometimes physically assisted them. Some had heard about the positive aspects of injecting, including the superior feeling it gave compared to smoking heroin and that injecting was cheaper than smoking. However, many of the participants believe injecting heroin has negative consequences such as disease transmission and did not encourage new users to inject.

Programs addressing these issues should focus on four main areas: encouraging IDUs not to discuss heroin in front of people who have never used heroin, encouraging current IDUs not to talk about the benefits of injecting with non-injectors, assisting current IDUs in learning strategies to resist pressure from new users who want to learn injecting techniques, and working with other programs and government organizations that work with youth to provide multifaceted approaches discouraging experimentation with drugs.

Encourage effective ways to clean injecting equipment

Insufficient understanding of HIV transmission modes and prevention methods appeared to influence the risk behaviors of many IDUs in this study. One of the major areas of knowledge that was lacking was of internationally recognized methods of cleaning contaminated injecting equipment for reducing risk of HIV and Hepatitis B and C transmission. The study indicates risk perception was lowered because the participants were cleaning their injecting equipment in ways they believed would prevent disease transmission. Programs increasing the knowledge, efficacy, and motivation of IDUs to use the 3x2x6...
bleaching method\textsuperscript{16} if they have no other option but to use contaminated injecting equipment may decrease instances of HIV transmission through injecting. This should include encouraging IDUs to practice the 3x2x6 method of cleaning injecting equipment with trainers to facilitate recall and efficacy and encouraging IDUs to teach the method to their peers.

\textit{Target myths about “safe” sharing}

Some IDUs in this research used contaminated injecting equipment with people they considered “safe” or HIV-negative. Safe individuals were usually friends, regular sexual partners, and people who “look healthy.” Some IDUs who reported knowing that you cannot tell if someone is HIV-positive by their outward appearance still used this method to judge HIV status. Some IDUs also reported that refusing to use injecting equipment used by friends and partners could jeopardize trust in their relationships.

Programmatic messages should challenge the idea that it is safe to share needles with anyone, including known and trusted individuals. Messages should also reinforce the idea that you cannot judge someone’s HIV status simply by looking at them, no matter the status of your relationship or how long you have known them. Programs should encourage appropriate voluntary counseling and testing (VCT), and increase perceived susceptibility for HIV/AIDS among IDUs to reduce high-risk behaviors. Messages should be carefully constructed to decrease the likelihood of alienating IDUs, undermining trust in relationships, or increasing stigma towards IDUs in the community.

\textit{Facilitate access to injecting equipment for IDUs in all situations}

The participants in this research reported that they did not want to use contaminated injecting equipment. They also reported that, provided they have money, they do not use contaminated injecting equipment if they have access to new equipment through programs, pharmacies, and clinics that are nonjudgmental or free from police activity. The temptation to share is exacerbated when IDUs suffer from heroin-craving and are desperate to get a fix even if it means using someone else’s syringe.

Efforts to increase accessibility should include working with pharmacies to ensure friendly services to IDUs and advocating with police to reduce/eliminate police harassment of IDUs accessing sterile injecting equipment through pharmacies. Program messages should encourage IDUs to prepare for injecting ahead of time by: buying more than one syringe at a time, especially when money is available; always having equipment on hand for emergency situations; and buying new injecting equipment before existing stock runs out. IDUs could also be encouraged to keep spare, new injecting equipment for friends in need, which would support an improved social norm for not sharing. Programs should also utilize IDUs to disseminate correct HIV prevention information to peers, support the scale up of NSPs in Yunnan, and strengthen referrals to available NSPs and other appropriate IDU programs and services.

\textsuperscript{16} The 3x2x6 method is an internationally recognized cleaning method that involves rinsing the needle 3 times with clean water, twice with bleach and then flushing the barrel six more times with clean water before use.
Advocate for reduced stigma and discrimination against IDUs by law enforcement and health and community officials

Although the need for effective HIV prevention programs among IDUs in Yunnan is obvious, operations are often hindered by stigma and discrimination. Those working on IDU projects in both government and nongovernmental organizations must work together to ensure that IDUs can access needed products and services. Such efforts should include scaling up NSPs, methadone maintenance therapy, and other treatment programs. VCT sites are needed to increase access to HIV testing as well as hospital programs where individuals can receive treatment for HIV and opportunistic infections. Programs should encourage and maintain advocacy for IDUs and PLHIV by working with government departments at all levels, particularly the Department of Public Security, local communities, and the Department of Health. These programs should also foster cooperation between public services and governmental departments to implement the most effective programs. Finally, advocacy training and training in health topics related to IDU and HIV is needed for workers in these sectors, including community liaison officers, local PSB officers, and local health workers.


Yunnan Provincial CDC. 2006. HIV Epidemic in Yunnan. Notes from presentation.

ANNEX 1

IDU In-depth Interview Guide
静脉注射吸毒者深入访谈指南

Objectives:

1. To obtain detailed information about the attitudes, knowledge and experience of IDUS with regards to:
   - Why they first started using drugs
   - Why they first injected drugs and who influenced them to begin injecting
   - Problems they face as IDUs
   - Who or where they turn to for help
   - Cleaning and sharing needles
   - Condom use
   - Societal attitudes towards condoms

2. To record personal stories with which to develop future outreach programs as well as BCC materials, especially comic books.

访谈目的: 获得关于静脉注射吸毒者的态度，知识和经验的详细信息:
   - 为什么开始吸毒
   - 为什么开始注射吸毒，谁对他们造成了影响
   - 做为静脉注射吸毒者面对的问题
   - 有困难的时候会去哪里或找谁帮忙
   - 清洁和共用针具
   - 安全套使用
   - 社会大众对安全套的态度

访谈目的: 记录她们自己的故事, 这些信息能帮助我们开发以后的外展项目和行为改变交流材料，特别是漫画书。

Logistics 流程:

<table>
<thead>
<tr>
<th>Location 地点</th>
<th>Number of Interviews 访谈数量</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kunming 昆明</td>
<td>4</td>
</tr>
<tr>
<td>Dehong 德宏</td>
<td>4</td>
</tr>
<tr>
<td>Honghe 红河</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total 总计</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

Each interview should be limited to no longer than 90 minutes. Interviews will be tape recorded and transcribed by the interviewer.

每个访谈不超过 90 分钟。访谈要录音，访谈者应把录音资料输入到电脑里。
**Target Respondents:** Interviews should be injecting drug users (current or former) who have used drugs for at least one year. Ideally each of the four per prefecture will differ by some characteristics (e.g. age, gender, education).

目标人群: 接受访谈的静脉注射吸毒者(正在吸或解毒的)最少一年吸过毒。最好每个洲的四个人有不同的特性(例如:年龄，性别，教育水平)

1. **Introduction:** Explain to the respondent who you are and what you are trying to accomplish. (For example “My name is ---- and I work for an organization called PSI. We are working to collect information that will help us to develop materials and programs to improve your health and prevent HIV/AIDS. Your insight and experience will be extremely helpful to us and we’d like to thank you in advance for participating in this interview. At the end of the interview you will receive a gift for your assistance”)

（1）**介绍访谈**：向受访者解释你是谁，你将要进行的工作是什么。（例如，“我的名字是……我为一个叫做国际人口服务组织的机构工作。我们正在收集开发健康教育资料的信息。我们所做的项目是提高你的健康水平并预防艾滋病。您的观点和经验对我们十分有用，我们先提前感谢您参加这次访谈。为了感谢你的帮助，访谈结束后会给你礼物。”）

2. **Comfort:** Make the person feel comfortable. Spend the first few minutes talking about a non-sensitive topics such as where the person is from, things they like to do for fun, etc.

（2）**良好的氛围**：舒适的气氛。开始访谈前，花几分钟谈谈一个不敏感的话题，例如，他们是哪的人，她们喜欢做什么，等等

3. **Confidentiality:** Remind the participant that everything said during the interview will be completely confidential and their name will not be used. They should not be required to give their name at any time during the interview. No one will know that they participated in the discussion and tape recording during the interview is purely to make sure we can retain all of the information they share for future use.

（3）**访谈内容保密**：提醒受访者，我们会对她们在访谈当中所说的每一件事保密，并且不使用她们的名字。她们不必在访谈中说出她们的名字。因此没有人会知道她们参加了访谈。录制访谈内容纯粹是为了保留信息以备我们今后使用。

**Topics and probes:**
These are only a general guide to topics that should be covered. Feel free to phrase questions in your own words. When possible, try to make a smooth transition from one topic to the next to minimize awkwardness in the discussion.

访谈提纲:
这些问题只是一个指导性的提纲。可以用你自己的语言组织这些问题。如果可能的话，在访谈中试着尽量流畅的进行问题间的过渡，以避免受访者感到尴尬。
1. Personal Background of IDUs: Tell me about the circumstances that led you to begin using drugs. How old were you when you started using drugs? What kind of drugs did you start with? How did you take these drugs?

静脉注射吸毒者个人背景：请告诉我是什么样的情况让你开始吸毒的。你开始吸毒的时候多大？你一开始用的是什么样的毒品？你是口服，唆吸，还是注射？

Please tell me about the circumstances that led you to begin injecting drugs. Did someone help you the first time? Who? Did they pressure you to inject or did you ask them to teach you how? Have you ever helped anyone begin injecting drugs?

请说说是什么样的情况让你开始注射吸毒的。第一次注射吸毒时有人帮你吗？是谁？是他们让你注射的还是你要他们教你？你帮过别人第一次注射吗？

Tell me about common problems you faced because of being a drug user. Who do you look to when you need help?

作为一个吸毒人员，说说你生活上经常碰到的问题。有困难的时候你会找谁来帮忙？

Generally, what makes it so difficult to stop using drugs?

就毒品本身来说，你能说说戒毒的困难吗？

2. Needles: When you were injecting, how important was it to you to clean your needles? How often did you clean them? Where did you learn to clean your needles?

针具：你注射吸毒的时候，清洁针具对你来说重要吗？你多长时间清洁一次你的针具？谁教你清洁针具？

Sharing behavior: If you ever shared needles, with whom did you usually share them? Can you describe some circumstances in which you would share your needle? If you were with close friends, how would they react if you refused to share with them?

共用行为：如果你共用过针具，一般是跟谁一起用？举例说明几个共用的情况，在这些情况中，哪次让你愿意和别人共用你的针具？如果你跟好朋友在一起，你拒绝和他们共用针具，他们会有何反应？

4. Condoms: Think back to the first time you used a condom. What made you decide to use it? Who first told you about condoms?

安全套：请想一想你第一次用安全套。是什么原因让你开始使用？第一个人告诉你使用安全套是谁？

In what situations do you think a condom is necessary? In what situations do you think a condom is not necessary?

你觉得什么情况下需要使用安全套？你觉得什么情况下不要使用安全套？

In general, what do you think the attitude of people in China is towards using condoms?

总的来说，你觉得中国人一般是怎么看待安全套的？
Debriefing 访谈以后: Allow the participant to tell any remaining stories and let the interview come naturally to a conclusion. When the interview is finished, turn off the tape recorder. Thank the participant again (For example: “Thank you for talking about your life and substance use experiences with us. Your experiences will be a great help to us in developing our programming.”) Ask them if there are any questions that they would like you to answer. Give them any brochures that you feel may help them.

可以和受访者满满的谈完故事，让访谈自然地结束。访谈结束后，请关录音机。再一次感谢受访者（例如：“谢谢你和我们谈你的生活和使用毒品的经验。你的经验对我们项目的开展有很大的帮助。”）

问他有没有什么问题需要你回答。给他一些你觉得对他有帮助的宣传册。
ANNEX 2

IDU Focus Group Discussion Guide

Step One
1. Welcome, thanks.
2. Introduce facilitator and note-taker
3. Brief explanation:
   • PSI China is interested in participants’ experience and ideas
   • Information will assist PSI in creating new programs
   • Confidentiality of PSI and focus group participants
   • Using tape recorder – assure confidentiality will be maintained
   • Will take 1 – 1 ½ hours, if there is anything that needs to be done please do now
4. Rules:
   • No mobile phones – please turn off
   • No smoking – please smoke now
   • Please try not to cross talk or talk in groups
   • Please try to be honest – if you don’t want to talk about something there is no pressure to talk about it and there are no right and wrong answers
5. Offer refreshments and turn on the tape recorder.

Step Two – Warm Up
• Start off discussion with questions participants will find easy to answer – e.g. what did you do for Chinese New Year? How did you get here today? Did anyone have any problems or funny or interesting stories about their travel to the DIC? Opinion questions

Step 3 – Main Body of Discussion Guide

Needle buying behavior

Logistics
• Where?
• How to choose the place?
• Easy to access?
• Number of needles and syringes bought and frequency of purchasing?

Motivation to buy needles
• When to buy?
• What reason to buy?
• How do they behave?
• Challenges in buying needles?
• Challenges in carrying needles?
• Any experiences or stories?
• What makes a good needle seller?
• What to change about needle sellers?

**Needle reusing behavior**
• Ever reuse needles? Why or why not?
• Under what circumstances?
• What motivations keep from reusing?

**Risk perception**
• Who gets HIV?
• Concerned about health problems involved with injecting? Why or why not?
• Ever known an HIV positive person?
• When you know someone does it make you more worried?
• Injecting heroin compared to smoking it. Which is better? Why?
• Encourage someone to inject? Why or why not?
• If a friend wanted to inject, what problems would you consider?
• What messages would you give friends to help them protect themselves?

**Step Four – Cool Down**
• Let the participants know that the time is almost over.
• Summarize the main points of the focus group and ask the participants if that was a good summary.
• Ask a final open question, e.g. *is there anything else we should talk about?* Allow about ten minutes for extra discussion.
• Thank everyone for helping the program understand his or her point of view. Assure them that what they had to say was useful and will assist the program in its development.
• Turn off the tape recorder.

**Step Five - After the Focus Group**
• Give the participants payment.
• If participants ask questions related to the session try to answer them as best you can. Let them know they have assisted in ideas for programs for IDUs and the community.
• Answer questions related to HIV, etc, and refer them to other organizations, literature, and help.
• Give brochures where appropriate.
• Remember, these people are current users and have been asked to come because of their knowledge. Thank them for being honest with us.
* Indicates that working paper was subsequently published in a peer-reviewed journal.

2005


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2004


2003


WP-54 Meekers, Dominique, Sohail Agha and Megan Klein. 2003. The Impact on Condom Use of the “100% Jeune” Social Marketing Program in Cameroon.

2002


2001


*WP-45 Agha, Sohail. 2001. The Impact of the Kenya Social Marketing Program on Personal Risk Perception, Perceived Self-efficacy and on other Behavioral Predictors.

WP-44 Agha, Sohail and Ronan Van Rossem. 2001. The Impact of Mass Media Campaigns on Intentions to Use the Condom in Tanzania.


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 wp-28 meekers, dominique. 1999. patterns of use of the female condom in urban zimbabwe.

 *wp-27 meekers, dominique and edna ogada. 1999. explaining discrepancies in reproductive health indicators from population-based surveys and exit surveys.

 *wp-26 agha, sohail. 1999. consumer intentions to use the female condom after one year of mass-marketing (lusaka, zambia).


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 *wp-21 agha, sohail, andrew karlyn, and dominique meekers. 1999. the promotion of safer sex among high risk individuals in mozambique.

 *wp-20 shapiro, david and dominique meekers. 1999. the reach of the “sida dans la cité” aids prevention television series in côte d'ivoire.

 *wp-19 van rossem, ronan and dominique meekers. 1999. an evaluation of the effectiveness of targeted social marketing to promote adolescent and young adult reproductive health in cameroon.

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 *wp-16 meekers, dominique. 1998. the effectiveness of targeted social marketing to promote adolescent reproductive health: the case of soweto, south africa.

 *wp-15 agha, sohail. 1998. is low income a constraint to contraceptive use among the pakistani poor?

1997


