Public Safety Canada | Sécurité publique Canada

ARCHIVED - Archiving Content

ARCHIVÉE - Contenu archivé

Archived Content

Information identified as archived is provided for reference, research or recordkeeping purposes. It is not subject to the Government of Canada Web Standards and has not been altered or updated since it was archived. Please contact us to request a format other than those available.

Contenu archivé

L'information dont il est indiqué qu'elle est archivée est fournie à des fins de référence, de recherche ou de tenue de documents. Elle n'est pas assujettie aux normes Web du gouvernement du Canada et elle n'a pas été modifiée ou mise à jour depuis son archivage. Pour obtenir cette information dans un autre format, veuillez communiquer avec nous.

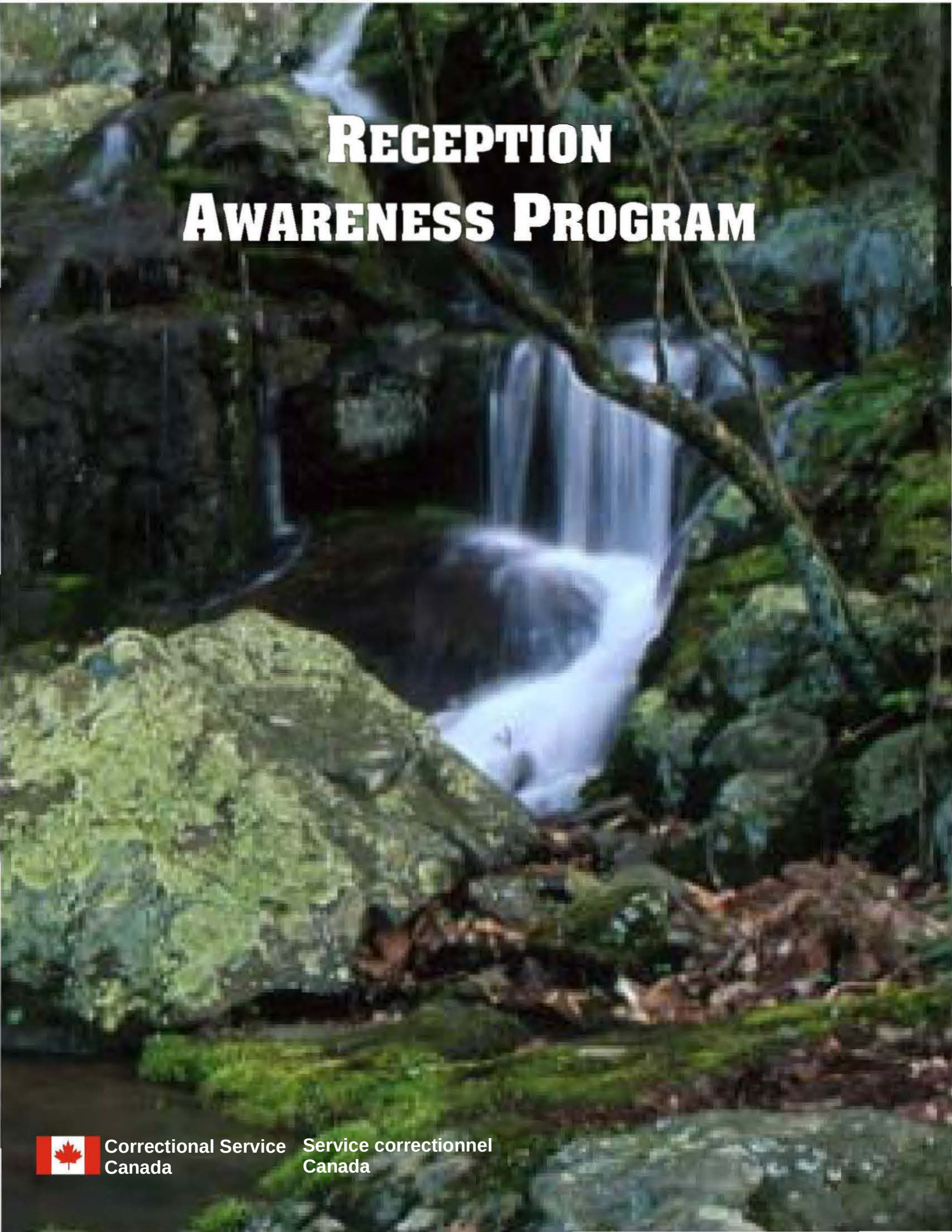
This document is archival in nature and is intended for those who wish to consult archival documents made available from the collection of Public Safety Canada.

Some of these documents are available in only one official language. Translation, to be provided by Public Safety Canada, is available upon request.

Le présent document a une valeur archivistique et fait partie des documents d'archives rendus disponibles par Sécurité publique Canada à ceux qui souhaitent consulter ces documents issus de sa collection.

Certains de ces documents ne sont disponibles que dans une langue officielle. Sécurité publique Canada fournira une traduction sur demande.

Canada



Reception Awareness Program

Correctional Service Canada

Service correctionnel Canada

Reception Awareness Program of Correctional Service Canada

The Reception Awareness Program is a component of the Infectious Diseases Program and of the Correctional Service of Canada's National Drug Strategy Program

Correctional Service Canada
Health Services
340 Laurier Avenue West
Ottawa, Ontario, K1A 0P9
Fax: (613) 995-6277

The Reception Awareness Program was developed by:
Chantal Fontaine,
Vivian Bain

Copies of this manual are available free of charge through:

Correctional Service Canada
Health Services

or

Cover design and conception:
by B&C Concepts

National AIDS Clearinghouse
400-1565 Carling Ave.
Ottawa, Ontario K1Z 8R1 Canada
Phone: (613) 725-3434
Fax: (613) 725-9826

Permission is granted for non-commercial reproduction for educational purposes

The waterfall represents the cascading effect resulting from the reception awareness on preventing the spread of infectious diseases and drug addiction in correctional institutions.

March 2001

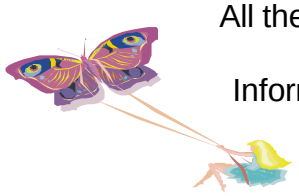
Cette publication est aussi disponible en francais.

TABLE OF CONTENTS

MEMORY AID FOR FACILITATOR

The facilitator presenting the Reception Awareness Program is invited to use the following steps :

- Read the program
- Make photocopies of participant's handouts
- Review information in the PEC program or suggested readings
- Make certain audio-visual equipment is available
- Have on hand for demonstrations:
  - Bleach
  - Water
  - Needles and syringes
  - Dental dams
  - Condoms
  - Wooden penis for condom demonstration



All the information contained in this program is based on the reality surrounding men and women.
Information pertaining to women is outligned in specifically marked text

SUGGESTED RESOURCES

The Facilitator is encouraged to obtain and review the following resource materials:

- Managing Your Health, a guide for people living with HIV or AIDS, Community AIDS Treatment Information Exchange (CATIE)
- Fact Sheets (PCP, MAC, CMV, Viral Load, Antiretroviral Drugs) (CATIE)
- Under The Influence, HIV/AIDS & Substance Use, Canadian Aids Society
- Finding Out, CSC, 1994
- Update: Medical Information on Hepatitis C; Canadian Liver Foundation, Health Canada 1999

These materials may be obtained from the National AIDS Clearinghouse. For a complete catalogue of (free) resources available at the Clearinghouse, contact:

National AIDS Clearinghouse
400-1565 Carling Avenue
Ottawa, Ontario
K1Z 8R1
Phone: (613) 725-3434
Fax: (613) 725-1205

Other resource materials are available from Health Canada and the Canadian HIV/AIDS Treatment Information Exchange (CATIE):

Publication Catalogue
Health Canada
Ottawa, Ontario
K1A 0K9
Phone: (613) 954-5995
Fax: (613) 941-5366

Canadian HIV/AIDS Treatment
Information Exchange
420-517 College Street
Toronto, Ontario
M6G 4A2
Phone 800-263-1638
Phone 416-944-1916

Canadian Liver Foundation
Phone: 1 800 563 5483
website: www.liver.ca

Section 1

INTRODUCTION

1.1

The Reception Awareness Program joins in with the antidrug Strategy of CSC and in the National Program on infectious diseases as a first step to newly incarcerated inmates in CSC, towards comprehension of the negative effects resulting from the transmission of infectious diseases and drug addiction.

Overhead 1.1.1

The participant will receive explanation of services offered by CSC and who to contact regarding information, treatment and support

Testing and counselling are also offered to all inmates with regards to HIV, Hepatitis A, B and C, as well as Tuberculosis and sexually transmitted diseases

The information contained in each section throughout this program is informative to both, incarcerated women and men.

1.2

GENERAL INFORMATION

Overhead 1.2.1

In December 1988 there were 14 known offenders with HIV/AIDS in federal institutions. By December 2000, the number of known cases had risen to 217 cases. This represents an infection rate more than ten times greater than the rate in the population at large (including children)

In December 2000 there were 2517 known offenders with Hepatitis C carriers which represents 19% of the general population. The rate of Hepatitis C is notably higher amongst inmates who are intravenous drug users

FACILITATOR'S NOTES

Section 2

GENERAL INFORMATION

2.1 HARM REDUCTION APPROACH

- A responsible and answerable society should not punish, or exclude people when prevention does not produce the expected results. The society must put in place, a program to limit harm and negative consequences of dependency.

- The harm reduction approach is a social framework that seeks to decrease the negative consequences associated with risky behaviors, including injection drug use, tattooing and unprotected sex. The foundation of harm reduction is the maintenance of a value-neutral view of the behaviour and person.

- Although abstinence from risky behaviors is the most desirable goal, this may not be achievable or desirable for the person in the risky situation. As a result, a harm reduction approach focuses on minimizing the consequences of the risky behaviour. The person is educated on how to minimize the negative consequences of their risky behaviors.

- Regular participation in the harm reduction process can reduce "magical thinking" or dissociative behaviours associated with substance use. Harm reduction supports a continuum of change, which replaces the all-or-nothing approach, and acknowledges that small incremental steps are still progress and necessary to longer-term change. The harm reduction approach is based on the following principles:

  - ☑ Reduce the negative consequences related to a risk behaviour.
  - ☑ Recognize the problem.
  - ☑ Focus on the problem.
  - ☑ Understand that even if abstinence is the best objective, it is not as easily attainable for everyone.

Overhead 2.1.1

- Emotional and financial dependence on men, and threats of domestic violence, often prevent women from protecting themselves in terms of needle-sharing and sexual relations.
- Other risk activities may be connected to a woman's survival, such as in the case of women who exchange sex for money or drugs.

COMMUNITY HARM REDUCTION

The community has become very active in an effort to introduce harm reduction. The community goals are consistent with corrections. Some of the goals of harm reduction are:

- safer substance abuse
- improving health
- improving social relationships (in family relationships)
- encourage employment, which creates higher self esteem and normalization

Here are some examples of Harm Reduction Programs. The following may be used:

- education through peers at volunteer agencies
- safer sex education;
- use of condoms and dental dams;
- methadone maintenance treatment;
- bleach kit program;
- safe tattooing;
- syringes and needles exchange.
- vein care programs
- advocate changes to laws regarding substance abuse

2.2 TERMINOLOGY

- Distribute participant Handouts to each participant.
- Briefly define some of the terms which will be used repeatedly during the Reception Awareness session. It is important to keep these definitions very simple.
- The purpose of this section is to ensure that all participants understand what these words mean, so that they will not be at a loss throughout the training program. The following is a list of the terms which have to be defined:

Infection: a condition when a germ gets into the body. When these germs grow inside the body infection starts, with or without symptoms.
Transmission: manner or mode a disease is transferred, or shared with other people.
Body Fluids: fluids coming from the human body. In this session we will speak about blood, vaginal secretions, semen, feces and urine.
Universal Precaution: easy measures or ways to protect ourselves and others against the spread of infection (washing hands, gloves)

Sexually Transmitted Diseases (STDs): diseases that are transmitted from one person to another person through sexual intercourse.
Exposed: related to people who have been potentially in contact with a germ. At this point it is not known if the person will develop an infection or not.
Infected: related to people who have been exposed and have developed an infection.
Symptoms: perceptible change in the body or its function indicating injury or disease.
Prevention: Strategies or means which are developed and used to try to stop the spread of infection.

2.3 ABOUT INFECTION

WHAT IS INFECTION?

Overhead 2.3.1

A condition when a micro-organism (germ) gets into the body. When these germs grow inside the body, the person starts to show signs that things are not right.

For an infection to successfully pass from one individual to another, there are three conditions which have to be satisfied:

Overhead 2.3.2

Condition 1: An Agent: Bacteria or Virus

A bacteria or a virus, often called germ must exist, or be present, but not necessarily in a human host. The difference between bacteria and a virus is: Bacteria can be treated with antibiotics. Antibiotics do not help in the case of a virus but the symptoms can be treated.

Condition 2: A Route

The bacteria or virus must have a route (path for entry to the host). For tuberculosis, the route is air; for HIV and a number of other diseases, the route is blood and body fluids.

Condition 3: A Host

The bacteria and/or virus is looking for a new host – someone who is at risk because of decreased immunity, not having been vaccinated, has lack of hygiene or most important has not taken preventative precautions (Universal Precautions). The germs will hide in body fluids or in the air, therefore providing a new host for these infections.

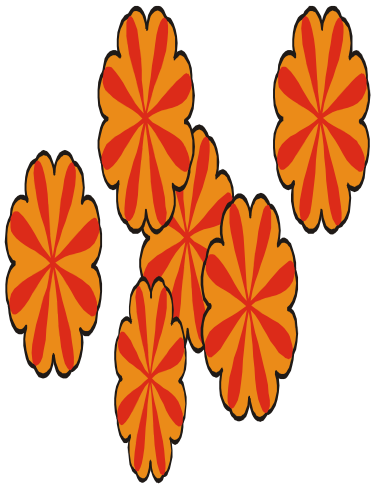
Overhead 2.3.3

A healthy person has the defense system to fight and kill germs.

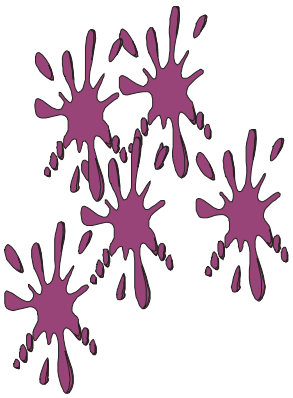
HARM REDUCTION PRINCIPLES

- ☑ Reduce the negative consequences related to a risk behaviour.
- ☑ Recognize the problem.
- ☑ Focus on the problem.
- ☑ Understand that even if abstinence is the best objective, it is not as easily attainable for everyone.

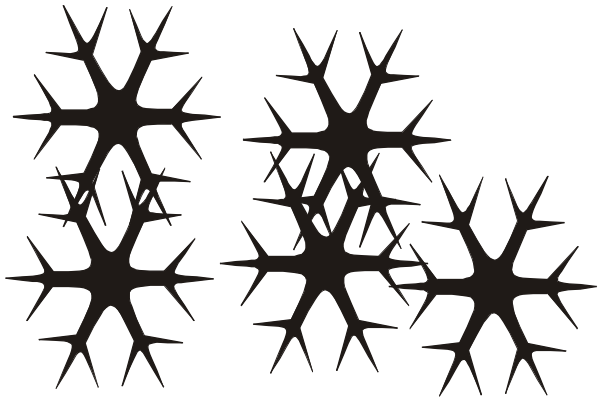
WHAT IS INFECTION?

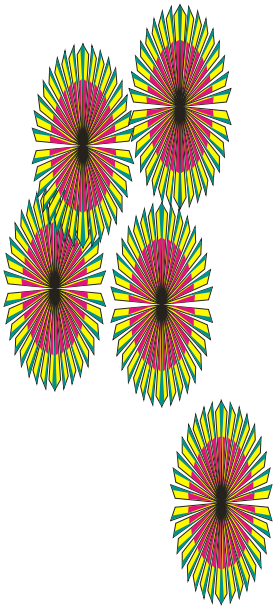


This is a condition when a micro-organism (germ) gets into the body.



When these germs grow inside the body, the person starts to show signs that things are not right.

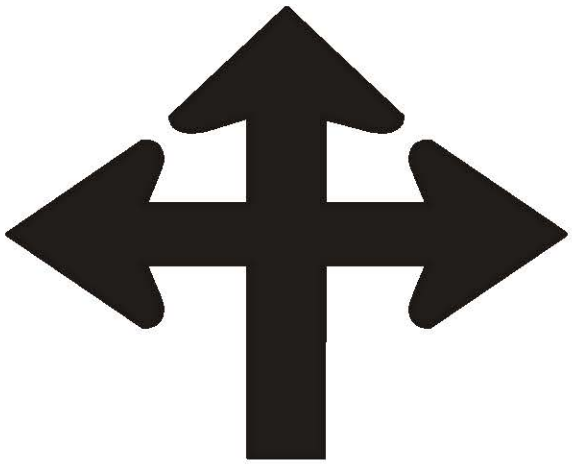




INFECTION REQUIREMENTS

AGENT

HOST

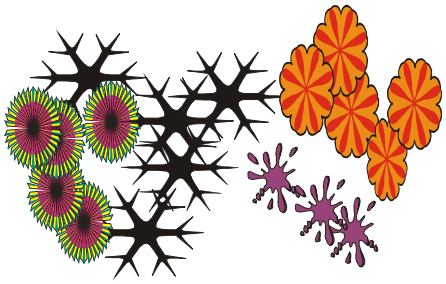


PATHWAY or ROUTE IN

INFECTION

In Most Infections….

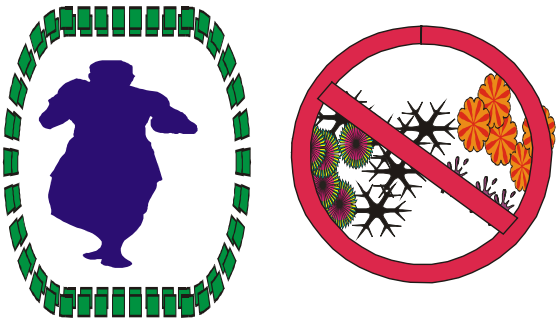
White Blood Cell:
Body's Fighter Cell



Bacteria / Viruses
(Germs)

In a healthy person, the defense system fights and kills germs -–to protect the body from sickness.

Germs attack the
fighting cell



Fighter cell wins
Germs Die

Overhead 2.3.3

In December 1988 there were 14 known offenders with HIV/AIDS in Federal prisons. By December 2000, the number of known cases had risen to 217. This represents an infection rate more than ten times greater than the rate in the population at large (including children).

In December 2000 there were 2119 known carriers of Hep C which represents 17% of the incarcerated population. The rate of Hepatitis C infection is significantly higher among inmates who are intravenous drug users.

The high rate of offenders with infectious diseases in Federal prisons raises several issues including: the greater demand for appropriate care, treatment and support for infected offenders; the increased risk to staff of disease transmission in the event of exposure to blood or body fluids; and the increased risk to public health and safety upon reintegration of the offender into the community.

The Inmate Survey of 1995 reported that:

- 11% of inmates surveyed admitted to injecting; 15% said the needles were dirty and 26% said they didn't know whether the injection equipment was clean or dirty;
- 6% admitted to having had sex with another inmate, most without protection; and
- 45% have had a tattoo done since coming to penitentiary.

In response to the above situation, CSC, as part of the National AIDS Strategy and in partnership with Health Canada, has implemented several initiatives aimed at preventing the transmission of HIV/AIDS and other infectious diseases and at reducing the harms associated with risky behaviors. For example, CSC currently provides:

- Confidential voluntary testing to offenders on admission and throughout incarceration;
- Educational materials and programs for offenders and staff;
- Condoms, dental dams, water-based lubricants and bleach in all institutions;
- Appropriate care, treatment and support for infected inmates;
- Immunization against Hepatitis A & B;
- A comprehensive Tuberculosis Prevention and Control Program; and
- A methadone maintenance program for inmates who were following treatment before being incarcerated.

The program includes a range of coordinated elements including : prevention & education, care, treatment & support, surveillance, legal, ethical & human rights issues and coordination & collaboration.

HARM REDUCTION

As indicated in the previous section, National HIV/AIDS Program is based on the harm reduction approach in dealing with risky behaviors.

For example, the sex trade poses significant harm to the health of prostitutes, their peers and the public at large by contributing to the spread of sexually transmitted diseases, particularly HIV. The sex trade will not be eradicated in Canadian society (abstinence). Education and awareness programs on the use of condoms can help eliminate the harms associated with this risky practice.

As you can see from the above example, the success of the harm reduction approach is based on the maintenance of a value-neutral view of the behaviour and of the person. Harm reduction is a social framework that seeks to decrease the negative consequences associated with risky behaviors, including injection drug use, tattooing and unprotected sex.

Abstinence from risky behaviors is the desirable goal, however this may not be achievable or desirable for the person in the risky situation. As a result, a harm reduction approach focuses on minimizing the consequences of the risky behaviour.

The harm reduction approach is based on the following principles:

- Recognition of the problem;
- Retain a value-neutral view of the activity or of the person without judgement;
- Focus on the problem;
- Understand that abstinence is the best goal but not immediately achievable for everyone;
- Recognize the Peer's role and rhythm.

In correctional facilities around the world, the harm reduction approach is being recognized as an effective approach to addressing risky behaviors, including injection drug use. For example, the following harm reduction approaches have been adopted in various correctional jurisdictions and in the community:

- Safer sex education;
- Use of condoms and dental dams;
- Safer injection drug use information;
- Methadone maintenance treatment;
- Bleach kit programs;
- Safe tattooing practices;
- Needles exchange programs.

INFECTIOUS DISEASES

A reality to take into consideration

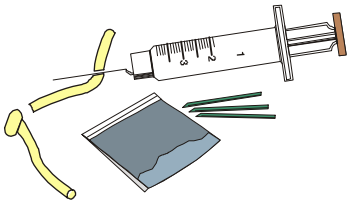
WHY?

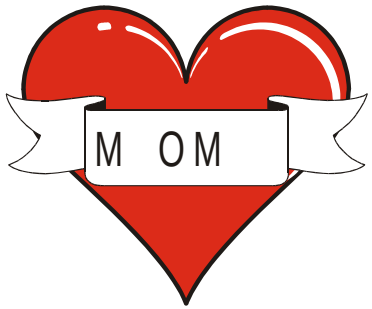
- Protect ourselves
- Protect our family and others
- Receive treatment
- Obtain support

HIV – HEPATITIS C IN CSC

December 2000

	CSC	General Population in Canada
HIV	217 known cases 1.66% **16 – 17 / 1000**	- 0.2% **2 / 1000**
HCV	2517 known cases 19.02% **190 / 1000**	- 0.8% **8 / 1000**





Section 3

HEPATITIS A

3.1 WHAT IS IT?

Overhead 3.1.1

It is a viral infection of the liver that is transmitted through:

- fecal-oral contamination
- ingestion of contaminated food and/or water
- having unprotected oral-anal sex

3.2 SYMPTOMS

Overhead 3.2.1

- loss of appetite
- fever
- urine that looks like Coca-Cola
- clay colored feces (stool)
- general flu or run-down feeling
- when the doctor or nurse feels the right upper part of the abdomen, the liver may be tender or painful to touch
- sometimes the skin and whites of the eyes will turn a yellow color

3.3 TRANSMISSION

- Fecal-Oral
  - Having unprotected oral/anal sex
  - contaminated food (eating)
  - contaminated water (drinking)

Overhead 3.3.1

- How does contamination happen? When people,
  - after having a bowel movement, DO NOT WASH THEIR HANDS then touch food, or water that is used to prepare food and ingest contaminated food
  - have unprotected anal-oral sex

- Who can be infected? Anyone can be infected when exposed to fecal-oral transmission
- Those in close contact with an infected individual
- Men having sex with men
- Intravenous drug users where high risk behavior or environmental conditions occur that contribute to acquiring the infection. (i.e. fecal oral)
- Children in daycare centers, where hepatitis A outbreaks occur, and their families

- Travelers and military personnel in areas with widespread disease and where clean water and proper sewage disposal are unavailable
- Patients and staff in custodial institutions
- Individuals with clotting factor disorders who receive factor concentrates (i.e. hemophiliacs)

3.4 PREVENTION

Overhead 3.4.1

Reinforce universal precautions:

- Always wash your hands before and after going to the bathroom, handling food or water and changing diapers.
- Always use a latex barrier prior to having anal-oral sex.

3.5 TREATMENT

- Follow the advice given by medical staff.
- Rest, rest, and more rest
- Limited physical activity for 4-6 weeks
- Drink lots of nutritious fluids
- Eat a well balanced diet
- No alcohol while you have symptoms
- Emphasize that 98% recover

IF I GET HEPATITIS A – WHAT DO I DO?

- Do not handle or prepare food
- Always have protected oral/anal sex
- Always wash your hands before and after going to the toilet
- Always wash your hands before and after changing a diaper
- follow the doctor's advice

VACCINE

For a vaccine, it is suggested you consult the Health Centre. It is also recommended that people with Hepatitis C get vaccinated with Hep A vaccine as well.

WHAT IS HEPATITIS A?

It is a viral infection of the liver that is transmitted through:

- fecal-oral contamination
- ingestion of contaminated food and/or water
- having unprotected oral-anal sex

SYMPTOMS OF HEPATITIS A

The body will show the following signs 15-50 days after exposure:

- loss of appetite
- fever
- urine that looks like Coca-cola
- clay-coloured feces (stool)
- general flu or run-down feeling
- Right upper part of the abdomen (liver) may be tender or painful to touch.
- sometimes the skin and whites of the eyes will turn a yellow color (jaundice). 70-80% of adults and less then 10% of children get jaundice.

How Does Contamination Happen?

When people, after having a bowel movement,

DO NOT WASH THEIR HANDS

then touch food, or water that is used to prepare food and ingest contaminated food

OR

have unprotected anal-oral sex

PREVENTION

Always wash your hands after going to the bathroom and/or before handling food or water.

Always use a latex barrier (i.e. Dental dams or Saran Wrap) prior to having anal-oral sex.

Section 4

HIV
HEPATITIS B and C

HIV, Hepatitis B & C are viral infections transmitted through infected blood and body fluids.

4.1 DEFINITION

WHAT IS HIV?

Overhead 4.1.1

It is a virus that weakens your immune system, the system that acts as protection for your body. The virus weakens your system so that it no longer can resist against infections. Therefore, serious diseases and viruses (like cancer and lung infections) can attack your organism and cause death.

WHAT IS HIV – HUMAN IMMUNE DEFICIENCY VIRUS

- a virus that destroys the immune system of humans
- you may not feel sick and you may not develop AIDS
- the HIV virus is a retrovirus
- you can spread the virus even if you look and feel well

WHAT IS AIDS

- the immune system has been weakened by HIV and infected people become ill with certain diseases
- these diseases are life threatening
- the diagnosis of AIDS, is combined with a reduced CD4 count and indicator diseases

WHAT IS THE DIFFERENCE BETWEEN HIV/AIDS

- when you are HIV positive you have the virus
- when you have AIDS you are both HIV positive and you have AIDS (active diseases)
- there is a list of diseases that are known to occur in AIDS

Viral Transmission

- The virus has been acquired through participation in high-risk behavior.

Throughout all the progression of the HIV infection, women will have many gynecologic problems related to HIV

Primary HIV Infection

- This is the time period from exposure of the virus to initial symptoms, also known as acute HIV infection.
- Frequently symptoms occur within 2-4 weeks of exposure but may take as long as 10 months.
- The most common symptoms are fever, sore throat, fatigue, some muscle aches, myalgia, weight loss and swollen glands.
- There is a reduction of CD4 cells but this is usually temporary.

Seroconversion

- HIV antibodies are detected in the blood stream
- Usually occurs 3-12 weeks after high risk behaviour, however, conversion has been known to take as long as 12 months
- The viral blood usually reaches a baseline or set point at this time.
- The window period effects seroconversion.

Early HIV Disease

- Time period of seroconversion is up to 6 months following high risk behaviour
- Viral load has a baseline/set point and this can be an indicator of prognosis
- Early treatment may reset the viral load
- The doctor with his patient, decides when is the best time to start Antiretroviral Therapy (HAART)

Asymptomatic Period

- Also known as Clinical Latent Period With or Without Generalized Lymphadenopathy
- Only physical finding is swollen glands usually in the neck/armpit
- These feel like lumps or small balls
- The lymph system is a major reservoir for the HIV virus

Early Symptomatic HIV Infection

- Also called Stage B, these conditions are more common and more severe in the presence of HIV infections
- By definition these are not AIDS indicator conditions. Examples are thrush, recurrent herpes, candidal coophagitis.

Aids

- Collection of illness/disease indicating a severely compromised immune system.
- Must have an indicator illness and CD4 Cell Count <200/au/mm or <14%

Advanced HIV Infection

- CD4 cell count below 50 mm^3
- Limited life expectancy (12-18 months)

RATE OF PROGRESSION OF HIV

- Individuals with symptomatic primary HIV infection appear to progress more rapidly from stage to stage than individuals with asymptomatic conversion
- There are two variables that predict the outcome of the disease:
  - Viral burden
  - CD4 count
- Some individuals do remain asymptomatic following infection with the virus
- The average infected individual with no treatment will live an average 10 years from beginning of the disease to death
- Age may affect rate of progression

WHAT IS HEPATITIS B?

Overhead 4.1.2

- Contagious disease caused by a virus, which attacks the liver.
- Causes symptoms that range from mild to severe
- 25% of infected individuals develop acute Hep B
- 1-10% become HBV carriers

IF I GET HEPATITIS B?

Overhead 4.1.3

- Virus could be detected 1-3 weeks before symptoms. Anti-bodies appear 1-3 months after recovery from acute infection. This means that you are protected against Hepatitis B.
- About 90% of the people who get Hepatitis B recover fully and are protected for life from future infection. About 1% die and

about 10% become carriers. In Canada, one out of every 200 people is a Hepatitis B carrier. These people carry the virus in their blood and body fluids for the rest of their lives. A Hep B carrier can pass the virus on to another person. Hep B carriers have a 100 times greater risk of developing liver cancer than non-carriers.

WHAT IS HEPATITIS C?

Overhead 4.1.4

- Hepatitis C, also known as Hep C, is a virus, which travels through the blood and affects the liver. It has only been around since the 1950s. Before 1989 it was called Non-A, Non-B Hepatitis. Many individuals (about 75%) remain symptom-free and those who do have symptoms find these not to be as severe as those experienced with Hep B. The virus stays with about 85% of the people who get Hep C and it persists in their liver. A series of tests are done following diagnosis to assess the body's response to the Hep C virus.
- Severe liver damage and death may occur after 10-15 years. Alcohol increases the rate of damage. Damage is irreversible.

IF I GET HEPATITIS C?

Overhead 4.1.5

- Antibodies to HEP C may be detected 7 weeks after exposure, but can take up to 26 weeks. If positive it does not mean that people have protection. It is like HIV situations. A positive result means that you have been infected.
- 85% of infected individuals become chronic carriers, and 10-20% of chronic carriers will develop cirrhosis and 1-5% of those who develop cirrhotic individuals will develop cancer.
- 15-20% recover

4.2 STATISTICS

HIV/AIDS in Federal institutions as of December 2000.

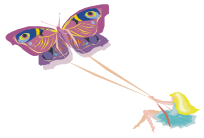
Overhead 4.2.1

Atlantic	14	1.15%
Quebec	97	2.81%
Ontario	26	0.75%
Prairies	54	1.69%
Pacific	26	1.47%
Total	**217**	**1.66%**

Hepatitis C in Federal institutions as of December 2000.

Overhead 4.2.2

Atlantic	194	16.0%
Quebec	461	13.3%
Ontario	739	21.3%
Prairies	628	19.7%
Pacific	495	27.9%
Total	**2517**	**19.02%**



Women are one of the fastest growing populations infected with HIV

4.3 SYMPTOMS

HIV PRIMARY INFECTION SYMPTOMS

Overhead 4.3.1

- This is the time period from exposure of the virus to initial symptoms, also known as acute HIV infection.
- Frequently symptoms occur within 2-4 weeks of exposure but may take as long as 10 months.
- The most common symptoms are fever, sore throat, fatigue, some muscle aches, myalgia, weight loss and swollen glands.
- There is a reduction of CD4 cells but this is usually temporary.

For more information on symptoms of HIV/AIDS and opportunistic infections refer to Module 4 of the PEC Program.

SYMPTOMS OF HEPATITIS B

- Sometimes there are no symptoms.
- if you do feel sick you may have the following:
  - loss of appetite
  - rash
  - fever (mild or absent)
  - yellow color to your eyes and skin
  - abdominal tenderness, pain in the right upper part of the abdomen

SYMPTOMS OF HEPATITIS C

Even if there are no symptoms, you look and feel healthy – you are still infectious. If you do feel sick you may experience:

- loss of appetite
- loss of energy/fatigue
- jaundice
- nausea

4.4 TRANSMISSION

The HIV and Hepatitis B and C virus must have a route to enter the bloodstream. A sufficient quantity of the virus must be present in the body fluid in order to be infectious.

The virus in a fluid **MUST**:

Overhead 4.4.1

- **COME OUT** of the body of an infected person
- **SURVIVE** in the environment
- **GO INTO THE BLOODSTREAM** of another person
- be in **SUFFICIENT** quantity to cause infection

A women who :

- is pregnant or thinks she could be
- who knows she is infected with HIV or Hep B or C
- who has had risky behaviors

Is advised to see the doctor and explain her situation in order to receive early preventative care to avoid mother to child transmission

WHAT HAPPENS IF I HAVE AN ACCIDENT OR FIGHT INSIDE?

Overhead 4.4.2

The possibility of an infection happening this way is very slim. The blood would have to flow from one cut directly into another cut which is not likely. While chances for infection are not high, it is still possible. If you are bleeding from a fight or accident you should:

- Wash the cuts and scrapes with hot soapy water:
- See your nurse or doctor, AS SOON AS POSSIBLE

The risk of infection from biting is low. If you get blood in your mouth, clean it out with soap and water.

IT IS MORE LIKELY THAT YOU WILL GET INFECTIONS FROM OTHER BACTERIA AND/OR GERMS RATHER THAN HIV FROM THIS TYPE OF BEHAVIOUR.

Overhead 4.4.3

CAN YOU TELL WHO IS INFECTED?

Most people appear to be in good health. You cannot tell that someone is infected simply by looking at them. They can still trasnmit the HIV or Hep B & C virus without even knowing it.

MODE OF TRANSMISSION

Body fluid that is infected must go to the blood stream of someone. The virus has to get into your bloodstream before you can become infected.

Overhead 4.4.4

You can get HIV, Hepatitis B and C from:

- Having unsafe sex (bum/ass sex, sex with women)
- Sharing needles or works when shooting up
- Sharing needles, rigs or inks when tattooing
- Sharing needles or other rigs when piercing
- Sharing needles to inject steroids or anything else
- Sharing other sharps (razors, nail files, etc.)
- A mother can pass HIV to her baby
- Sharing pipes, straws and other supplies when sniffing or smoking drugs mostly for HepC

WHO IS EXPOSED

Anyone who has risky behavior, no matter who you are

Overhead 4.4.5

No one person deserves to be infected. The HIV virus does not discriminate, with respect to whom to infect or not.

*** The main thing to remember is that these viruses do not know the difference.**
They do not care:

- Who you are – prime minister, president, officer, doctor, nurse, inmate
- What sex you are – male and female
- What your ethnic origins are – Caucasian, Black, Asian, East Indian, Native, Inuit, Slovakian.

- What your sexual preference is – bisexual, straight, gay, lesbian
- What your marital status is – single, married, divorced, widowed
- What education you have had – grade school, high school, college, university

Ask participants to name some risky behaviours. Make sure the following behaviours are mentioned :

Risky Behaviors

1. Sharing needles
2. Sharing tattoo equipment (works and ink)
3. Sharing body-piercing equipment
4. Abusing drugs and/or alcohol
5. Suitcasing: placing contraband containers into the rectum and then in the mouth.
6. Blood-sharing ceremonies
7. Having unprotected sex with someone who uses IV drugs
8. Having anal, oral, vaginal sex without a latex condom or barrier

BODY FLUIDS

Overhead 4.4.6

Infectious Body Fluids include:

- Body fluids containing blood
- Blood
- Semen
- Vaginal secretions (including monthly periods)
- Cerebral spinal fluid
- Amniotic fluid (in the sac around the baby during pregnancy)
- Breast milk

Overhead 4.4.7

Non-infectious Body Fluids include:

- Spit (saliva)
- Sweat
- Tears
- Urine (piss)
- Feces (shit)
- Vomit
- Nasal discharge

Unless they have blood in them.

MYTHS ABOUT HIV TRANSMISSION:

mosquitoes and other insects	toilet seats
gym equipment	being on the same range
sharing cigarettes	sharing cups, plates, utensils
sharing towels	sharing same cell or room
sneezing or coughing	dry kissing or necking
hugging or touching	doorknobs
donating blood	public telephones
animals	shaking hands
sharing food	sharing showers
breathing same air	

ROUTES OF TRANSMISSION

You **CAN** Get HIV From:

High Risk:

- Having ***UNSAFE SEX*** (sex without a condom)
- Sharing needles or works when ***SHOOTING UP***

Possible Risk:

- Sharing needles, rigs or inks when ***TATTOOING***
- Sharing needles or other rigs when ***PIERCING*** (ears, nose, etc.)
- Sharing needles to inject ***STEROIDS*** or anything else
- Sharing other ***SHARPS*** (razors, toothbrushes)
- A ***MOTHER*** can pass HIV to ***HER BABY*** (during pregnancy, birth or breastfeeding)
- Sharing pipes, straws and other supplies used when ***SNIFFING OR SMOKING*** drugs

TRANSMISSION FOR HEPATITIS B

Hepatitis B is present in blood and body fluids

Overhead 4.4.8

- Percutaneous
  - contaminated needle stick (injecting drug use and occupational exposure)
  - haemodialysis
  - human bites
  - transplant or transfusion of unscreened blood or blood products
  - acupuncture, tattooing, and body-piercing
- Permucosal
  - sexual intercourse

  - perinatal - infant born to an HBV infected mother
  - contact with infected household objects (i.e. a toothbrush that may have blood on it)
- sexual contacts of an acute or chronically infected person
- injecting drug users
- persons with multiple sex partners or a history of sexually transmitted diseases
- infants born to HBV infected mothers
- individuals who have occupational contact with blood (medical and dental workers, laboratory and support personnel)
- persons who have been tattooing or body piercing in an insecure manner
- Haemodialysis patients (due to poor equipment sterilization, not blood)
- household contacts of HBV infected individuals
- institutionalized populations
- persons born in HBV endemic areas

TRANSMISSION FOR HEPATITIS C

- contact blood to blood exchange
- Percutaneous
  - contaminated needle stick
  - sharing needles used to inject drugs
  - hemodialysis
  - human bites
  - transplant/ transfusion of unscreened blood/ blood products
  - acupuncture, tattooing, and body-piercing
  - sharing works that are used for tattoos
  - sharing supplies used for body piercing
- Permucosal
  - sexual intercourse
  - perinatal - infant born to an HBV infected mother
  - contact with infected household objects (i.e. a toothbrush that may have blood on it)
- injecting drug users/ sharing supplies for intranasal drug use
- sharing supplies used for snorting
- sharing hooters for smoke
- persons occupationally exposed to blood
- Haemodialysis patients
- unprotected sexual contact and multiple sexual partners
- rarely in unprotected sexual activity with same partner
- Anybody and everybody is at risk of getting Hep C
- 60% of new infections are caused by IV drug users sharing needles and supplies for intranasal drug use
- 5% unexplained

4.5 PREVENTION

To prevent is to guard against something happening. Here we are looking to prevent transmission of the HIV or Hepatitis B and C virus.

Introduce the concept of Safe/Safer .

Overhead 4.5.1

Safe :
Reduces the possibility of HIV or Hepatitis transmission

Safer :
Cannot result in HIV or Hepatitis transmission

SAFE AND SAFER SEX

Overhead 4.5.2

What is Safe Sex?
Any Sexual activity which has theoretical risk or low risk:

- Wet kissing
- Fingering

What is Safer Sex?
Any sexual activity which does not let the following pass from one person into another person's body:

- Blood
- Semen
- Vaginal Fluids
-

Remember: A sexual contact is an oral, anal or vaginal contact.

Levels of Risk

← No Risk
Theoretical Risk (is it possible)? NO
Evidence of Transmission? NONE

↑ Theoretical Risk Only
Theoretical Risk (is it possible)? YES
Evidence of Transmission? NONE

→ Low Risk
Theoretical Risk (is it possible)? YES
Evidence of Transmission? WEAK

↓ High Risk
Theoretical Risk (is it possible)? YES
Evidence of Transmission? STRONG

No Risk

- Sharing a cigarette
- Shaking hands
- Dry kissing
- Sharing food
- Hugging
- Masturbation (jerking off)
- Massaging/caressing
- Body rubbing
- Unshared sex toys
- Never sharing needles or works when shooting up
- Never sharing needles or other rigs when tattooing or piercing

Theoretical Risk

- Wet (French) kissing
- Fingering (vaginal or anal)
- Giving oral sex (blow job) to a guy using a condom
- Having oral sex done on you

Low Risk

- Vaginal sex with a condom
- Anal sex with a condom
- Giving oral sex (blow job) to a guy, taking semen (cum) into your mouth
- Giving oral sex (going down) to a woman without a barrier
- Cleaning shared needles and works with bleach before shooting up
- Cleaning shared needles and rigs with bleach before tattooing or piercing

High Risk

- Vaginal sex without a condom
- Anal sex without a condom
- Sharing sex toys
- Sharing needles or works when shooting up
- Sharing needles, rigs or inks when tattooing or piercing
- Sharing needles to inject steroids
- Sharing razors or toothbrushes
- Pulling out before ejaculation (cumming)

HOW TO USE A CONDOM :

Review the techniques in order to be able to answer any questions. remind participants that they have this info in their handouts.

OPEN CAREFULLY
Once the penis is hard.
Be careful not to tear the condom (rubber) with your fingernails

PLACE AND PINCH
Put the condom on your unlubed and hard penis. Pinch the air out of the tip. This will leave room at tip to catch the semen (cum)

ROLL IT
Unroll the condom right down to the base of your penis.

GET THE LUBE
Put lots on the outside of the condom. Make sure it's waterbased (like K-Y or Muco). Put a drop in the tip of rubber. This will make it feel more like you're having sex without a condom.

AFTERWARDS
Right after you cum, hold the base of the condom and pull out. Carefully take the condom off so nothing spills out. Throw the used condom away (but NOT in the toilet).

Overhead 4.5.3

CONDOM SENSE

- Use a latex condom every time you have sex, even if you are on the pill.
- Put it on before close contact.
- Lubricated latex condoms usually do not break as easily as unlubricated latex condoms.
- Leave room (about 1 cm) at the tip to hold semen.
- Check the expiry date of the latex condom.

The Rule: No Glove, No Love

♦ Use latex condoms only (do not use natural or sheep membrane condoms)

- Never use condoms with nonoxynol-9 for anal sex
- Do not use condoms with nonoxynol-9 for vaginal sex without first testing on the wrist to make sure neither partner is not allergic
- Store condoms in a cool, dry place.
- Never use condoms more than once.

Talk about how a condom can be cut up and used as a latex barrier for oral sex (contact between mouth and vagina or anus if we don't have a dental dam). If this is not possible, Saran Wrap can be used as an alternative.

ENEMIES OF LATEX

Vaseline	Baby Oil
Animal Fat	Perfumes
Whipping Cream	Crisco/Vegetable Oil
Butter	Chocolate sauce
Olive Oil	Hand Lotion/Beauty Creams
Liqueurs	Peanut Butter
Mineral Oil	Suntan Oil/Massage Oil

FAMILY VISIT UNITS

- Take condoms and know how to apply them
- Take dental dams and know how to use them
- Take lubricants
- Advise your partner of HIV status

SEX TOYS

- Can be a part of safer sex
- Keep them clean – wash the 'toys' with soap and water before and after use.
- If possible use a small amount of bleach and rinse very well
- Another option is to use condoms on the sex toy

Never use a sex toy in one person's body and then in someone else's without cleaning it or changing the condom.

SAFE AND SAFER NEEDLE/SHARP USE

Activity	Type of Risk
Sharing uncleaned Needles	High risk for contracting HIV, Hep C
Sharing syringes cleaned with full strength bleach	Low risk for contracting HIV, Hep C (Note: there is no conclusive evidence that bleach kills Hep C).
Getting a tattoo with unclean equipment	High risk for contracting Hep B or C. Risk for contracting HIV
Getting a piercing with unclean equipment	High risk for contracting Hep B or C Risk for contracting HIV

IN PRISON

The following issues may be mentioned in relation to federal penitentiaries.

- Using drugs, tattooing and piercing are considered illegal activity. If caught doing any of these, a person will be charged.
- Needles and syringes are classified as contraband, and possession of them is illegal.
- Large quantity of Bleach possession is an institutional offence if used for laundry or other purposes than cleaning needles.
- Due to the above policies, needles are scarce, which frequently results in the sharing of unclean needles.

Overhead 4.5.4

MAKING NEEDLE/SHARP USE SAFE/SAFER

This section allows participants to reflect about a variety of options available to persons who use needles and/or other sharps for drugs, steroids, tattooing or piercing either when in prison or on the outside

Options include:

1. Quitting (acknowledge that, although the safest option, may not be realistic or the best option for all users)
    - Substance abuse programs inside (e.g. OSAP) and

counseling
- Cold turkey or detox treatment
- Methadone for heroin drug use
- Group support (Narcotics Anonymous)

2. Never sharing works/fits (needles)
   - Having your own supply (never letting anyone use it).
   - Needle Exchange Programs available on the outside (discuss their availability and purpose).

3. Cleaning shared works/fits
   - With bleach
   - If you don't have bleach (rubbing alcohol; water and soap).

Emphasize that people who use needles to inject steroids must also never share their needles. If they must share, then it is crucial that they follow proper cleaning procedures.

CLEANING WORKS DEMONSTRATION

It is important to make sure that the following are reviewed. The Bleach will not damage the needle, but could damage syringe if improperly cleaned.

You Will Need:
- Water
- Bleach

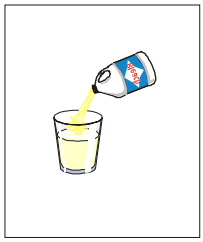
Don't shoot or drink the Bleach

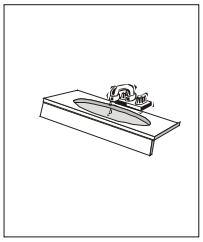
With Bleach

1. Pre-Bleach Water – Wash out the needle and syringe filling it (to the top) several times with clean cold water (at least 2 times) to clean out most of the blood.
2. Bleach – Completely fill the needle and syringe (to the top) with full strength bleach. Shake the syringe. Leave the bleach in the syringe for at least 30 seconds. Empty it all the way. Do this again (1 or more times) until you feel the bleach is flushed out.

3. Rinse Water – Using clean cold water (not the same water you used in step 1), fill the needle and syringe (to the top) and empty it all the way. Do this again (1 or more times) until you feel the bleach is flushed out.

Emphasize that although bleach is not 100% safe, it is the best option available for people who do not have clean needles. Inform participants that they have this info in the participant's handouts.





Water:
Fill to the top with clean cold water. Empty the syringe. Do this at least 2 times.

Bleach:
Fill to the top with bleach. Leave the bleach in for at least 30 seconds. Empty the syringe. DO this at least 3 times.

Water:
Fill to the top with clean cold water. Empty the syringe. Do this at least 2 times.

Overhead 4.5.5

IF YOU SHARE

You can get HIV or Hepatitis B and C from other people's used needles/ fits / points, works, steroids / vials and ink.

Be careful when:

- Injecting / shooting up
- Tattooing
- body piercing

- If you can, cut down or do not use
- use clean works / rigs
- Always clean your works / rigs with bleach if you share them

Overhead 4.5.6

TATTOOING

Safe or low risk options when tattooing

- Is a new needle used every time?
- Is ink from new supply (not used before)?
- Is he/she an experienced tattooist?

Overhead 4.5.7

- Never Share Ink or Works

PREVENTION OF HIV

- Decide not to have sex or practice safer sex
- Always think about protecting yourself from infection, everyone & anyone can carry germs like bacteria and viruses
- Always wash your hands after using the toilet
- Always wash your hands before eating or handling food
- Always wear a latex condom or latex barrier, during each time you participate in sexual intercourse from start to finish
- Decide not to use drugs / If you use drugs use a new needle and syringe or always clean properly with bleach
- Do not share needles or always clean needles before you do
- Do not share razors, toothbrushes, tattooing or body piercing works
- Do not participate in blood ceremonies
- Always handle sharp objects with extreme care

PREVENTION OF HEPATITIS B

- Always wear latex gloves when handling body fluids
- Always wash your hands
- Always use a latex condom/dental dam every time you have sex
- If there is sharing of needles for injecting drugs, always clean your needles with bleach
- Make sure that all works and ink for tattooing are clean

PREVENTION OF HEPATITIS C

- How to prevent Hep C from spreading
  - decide not to use IV drugs
  - decide not to have a tattoo
  - decide not to share needles to inject drugs
  - decide no to share works for tattooing or body piercing
  - decide to use protection with latex, when having sex
  - decide not to share supplies for snorting

- Hep C is not passed to a child by their father.
- Hep C could be passed to unborn baby by blood from the mother

VACCINES

NO VACCINE FOR HIV .

VACCINE FOR HEPATITIS A AND B

Explain process of vaccination. No booster dose is required after 5-10 years because the immune system will mount a sufficiently protective immune response if re challenged with Hepatitis B.

NO VACCINE FOR HEPATITIS C

There is no vaccine because the virus responsible for Hepatitis C (just identified in 1996) has a high mutability, which like HIV, replicates at a high rate.

These elements will be reviewed in section 7 "Services Offered by CSC".

4.6 TREATMENT

HOLISTIC APPROACH

Living with HIV or Hepatitis B and C disease affects all aspects of a person's life. Each person is viewed as an autonomous being. The concept of person is most frequently considered as an open system in constant dynamic interaction with the environment. The person as a "whole" being encompasses the dimensions of "mind, body and soul". In addition to these are the social and cultural dimensions of the whole being.

These components make up the "whole" person. The goal of Holistic approach in HIV treatment is to preserve "The Quality of Life". The expression "quality of life" refers both to experience that makes life meaningful and conditions that allow people to have such experiences. Quality of life for anyone depends on the presence of others. That is why Peer support is so important in a correctional environment.

Overhead 4.6.1

TREATMENT FOR HIV

See Facilitator's notes.

- Anti HIV drugs to slow the progress of the disease
- Medications to prevent opportunistic infections

TREATMENT FOR HEPATITS B

- rest, rest and more rest
- limited physical activity for 2-3 weeks
- lots of fluids, no alcohol
- a well-balanced diet.

A specialist of liver disease for HEP B chronic carriers could consider Rebetron treatment.

TREATMENT FOR HEPATITS C

- Once the blood test indicates a positive, a blood test will be done regularly to monitor liver functions. If the liver remains inflamed for six months the condition becomes chronic.
- Rebetron may be a treatment for indicated patients, doctor individually diagnoses each case.

Notes

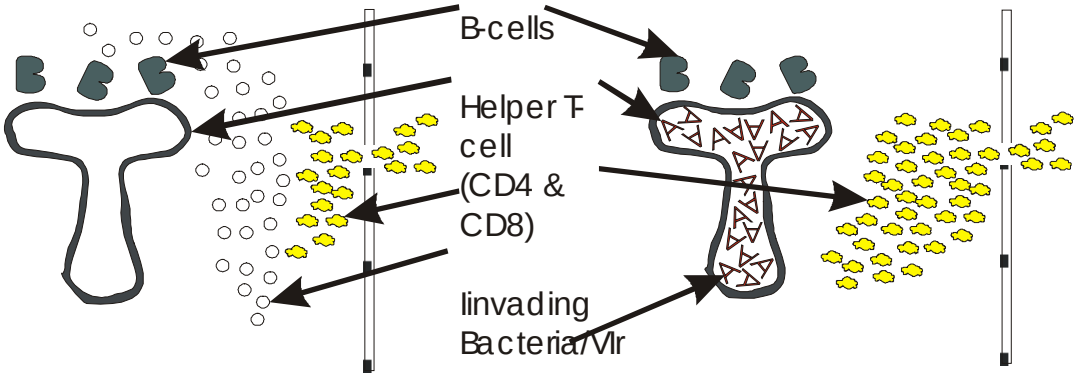
FACILITATOR'S NOTES

VIROLOGY OF HIV/AIDS

THE IMMUNE SYSTEM

- The immune system defends the human body against any invading virus, pathogens or bacteria. Components of the immune system are:

Organs: bone marrow, spleen, lymphatic system and peripheral circulation. The cells of the immune system develop, mature and acquire their immune competence and are stored.
Cells: these are specialized cells comprising the immune system. The most familiar is the white blood cells. Lymphocytes and granulocytes are the most important of the white blood cases.
B – Cells (B-lymphocytes): produce antibodies or specific proteins that bind to infected cells or pathogens. CD4 cells activate B-cells. The antibodies either neutralize the organism or destroy the cell containing it.
T-cells (T-lymphocytes): each T-cell is differentiated by a particular protein receptor on the cell's surface (envelope). The two most important are CD4 and CD8 when infected with a pathogen. These cells begin an immune response. If CD4 cells are depleted the body's ability to fight infection is impaired. HIV directly attaches to this cell and begins to destroy it. The normal range is 500 – 1500 for CD4. CD8 cells directly attack infected cells.



HIV VIRUS

HIV is a retrovirus or more precisely, two viruses, HIV1 and HIV2. HIV1 and HIV2 are considered to be the etiological agents of HIV Disease. However, the global distribution is markedly different. HIV1 is found around the world, while HIV2 is found predominantly in heterosexual populations in West Africa. Cases of HIV2 in North America are rare, and are associated with immigration from West Africa. Among its major characteristics are a long incubation period and wide genetic variability.

The basic difference between a virus and other types of germs is that a virus cannot reproduce on its own. It needs to take over a living cell in the body in order for it to reproduce. HIV is a virus, which infects, or takes over, the cells of the human immune

system. These cells include the white blood cells known as CD4 and CD8 lymphocytes and macrophages. The normal functioning of these cells is impaired when they are infected with HIV.

Viruses are more difficult to understand and treat than other germs because they are so small and because of the complicated way they reproduce. HIV is even more complex than most viruses. Part of the reason for this is that HIV is actually a retrovirus, which means it reproduces in a way, which is opposite to that of a virus.

Note: usually when a pathogen is in the body, the immune system will develop antibodies to fight that disease and protect the body from infection. However, with HIV this does not happen, antibodies for this virus does not provide protection, the person becomes HIV+ with potential to develop AIDS.

INITIAL INFECTION

- when HIV is initially introduced into the system the CD4 count drops
- the immune system fights back so healthy CD4 cells stimulate CD 8 and macrophages in an attempt to destroy/attack the virus
- the HIV virus becomes contained in lymph nodes
- once trapped in lymph nodes the B cells recognize the virus and produce antibodies to HIV
- there will be antibodies in the infected person's blood from 6 weeks to 6 months after exposure
- inside the lymph nodes the virus continues to replicate and increase in number. This begins to destroy the immune system and CD4 decreases

VIRAL LOAD – WHAT IS IT?

- viral load is a measurement of HIV particles in the blood of someone who is infected with HIV
- after seroconversion the viral load reduces and develops a set point or baseline
- everyone has different baselines or set points, the result is reported in terms of copies or particles
- the viral load is important, it is an indicator of the progression of HIV disease
- the lower the viral load the greater length of time for the HIV to progress or if the level is high HIV may progress rapidly
- if the viral load is less than 500 copies per ml it will be documented as undetectable this does not mean the HIV virus is gone only the viral load test was unable to detect the particles.
- prior to seroconversion the viral load is very high during the initial infection
- illness or immunization increase HIV reproduction and therefore viral load increase
- recently infected patients should wait for 6 months before getting a viral load test, their baseline/set point should be established
- this baseline will be useful for further tests to compare
- when on medication the viral load is measured every three months
- viral load measures RNA – genetic material that make up HIV

CARE AND MEDICAL TREATMENT

HIV infection is a chronic illness, progressing over several years and at a rate that is different for every infected individual. Experience has demonstrated that the progression of HIV infection may be retarded with appropriate follow-up care, the use of prophylactic treatments, etc. Continuity of care is, therefore, an essential component of all aspects of HIV/AIDS.

The challenge to providing continuity of care lies in supporting the people living with HIV and AIDS who may need help in developing his/her capacity to take control, acquire more in-depth knowledge of HIV/AIDS, or seek information about appropriate health and social services.

ANTIRETROVIRAL THERAPY

"Glossary of HIV/AIDS and Protease Inhibitors" may be consulted.

The antiviral drugs block enzyme function in HIV replication.*
The 2 enzymes are:

- Reverse Transcriptase inhibitors
- Protease inhibitors

(* – we use the word replicate instead of reproduce because the virus makes copies of itself. Replication can only occur after exchange of genetic material in cells. HIV is not alive. Reverse Transcriptase enzyme is needed for HIV to copy itself.)

GOAL OF ANTIRETROVIAL THERAPY

- Maintain quality of life and prolong life
- Reduce viral load the ideal is below detectable level (<500 copies/ml)
- Even the reduction of 1 log may improve survival
- Viral load is repeated 3 months after the drug regimen

3 REASONS FOR CHANGING/STOPPING ANTIRETROVIAL THERAPY

1. Treatment is ineffective (usually reflected with no decrease of viral load, and no increase in CD4 or progression of HIV disease)
2. Intolerance to medication.
3. Unable to follow the strict medication schedule.

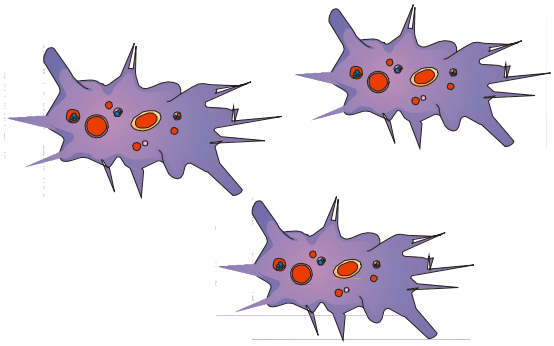
PREVENTION OF OPPORTUNISTIC DISEASES

See PEC Manual Modules 6.

For more information on HIV/AIDS refer to modules 4 & 6 of the PEC and information sheets from CATIE on medication.

WHAT IS HIV?

It is a virus that weakens your immune system, the system that acts as a protection to your body.



HIV Virus

The virus weakens your system so that it no longer can resist against infections. Therefore, serious diseases and viruses (like cancer and lung infections) can attack your organism and cause death.

WHAT IS HEPATITIS B?

Caused by Hepatitis B virus (HBV)

Is a disease that damages the liver, causing symptoms that range from mild or imperceptible, to severe or fatal.

25% of infected individuals develop acute Hepatitis B.

1% to 10% become HBV carriers. Carriers can develop liver disease and are infectious to others.

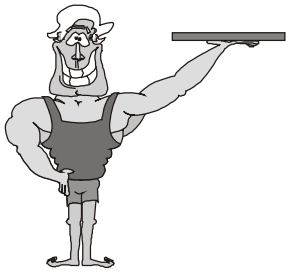
What happens if I get Hepatitis B?

1%

DIE

1 - 10%

become CHRONIC CARRIERS



90%

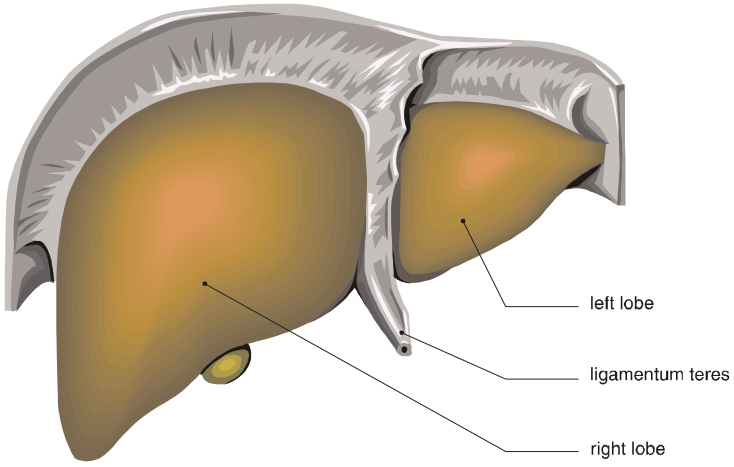
RECOVER

WHAT IS HEPATITIS C?

It is a virus that infects the liver.

Before 1989, it was called Non-A, Non-B Hepatitis

The virus is a blood borne pathogen



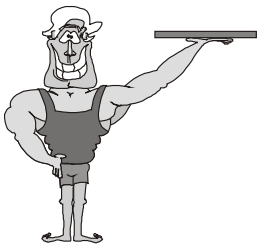
Liver

Hepatitis C Virus

What happens if I get Hepatitis C?

Rarely DIE

85% become CHRONIC CARRIERS

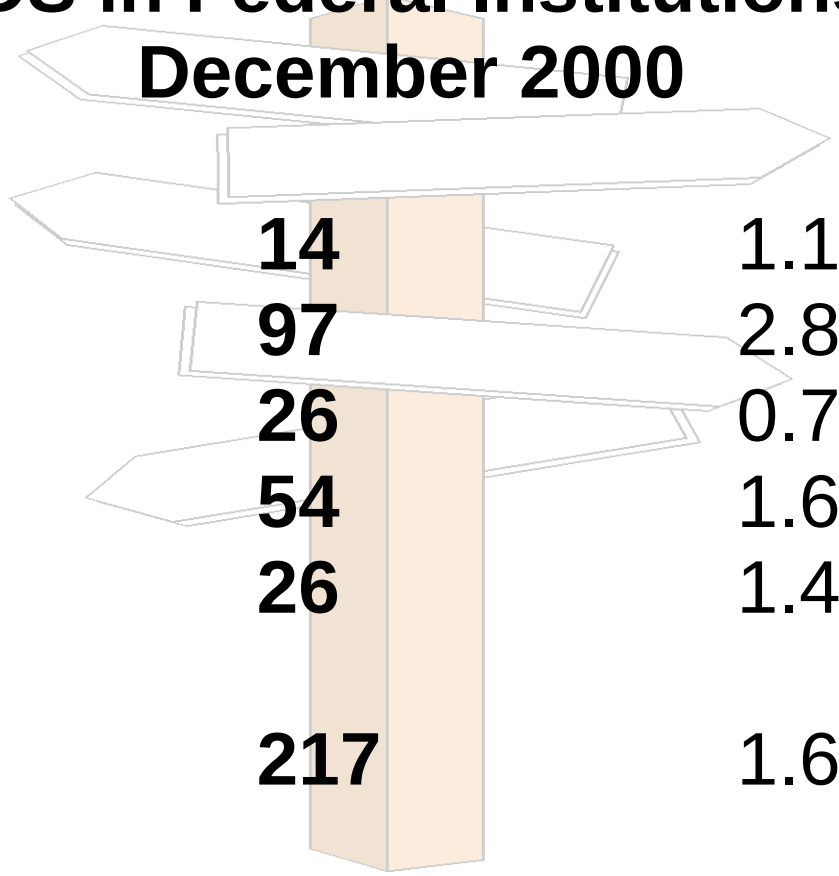


15 - 20% RECOVER

10-20% of chronic carriers will develop cirrhosis.
1-5% of cirrhotic individuals will develop cancer.

HIV/AIDS
STATISTICS

HIV/AIDS in Federal Institutions as of December 2000



Atlantic	**14**	1.15%
Quebec	**97**	2.81%
Ontario	**26**	0.75%
Prairies	**54**	1.69%
Pacific	**26**	1.47%
Total	**217**	1.66%

HEPATITIS C STATISTICS

Hepatitis C in Federal Institutions as of December 2000

Atlantic	**194**	16.0%
Quebec	**461**	13.3%
Ontario	**739**	21.3%
Prairies	**628**	19.7%
Pacific	**495**	27.9%
Total	**2517**	19.02%

HOW WILL I FEEL IF I HAVE…..

Sometimes the person infected with HIV or Hepatitis B or C has no symptoms

If the person does not feel well he or she may have the following symptoms:

HIV :

- Flu symptoms
- Fatigue
- Swollen glands
- Sore throat

Hepatitis B or C :

- Loss of Appetite
- Low fever
- Jaundice
- Nausea
- Fatigue

PRINCIPLES OF TRANSMISSION

What Has to Happen?

The Viruses in a fluid **MUST**:

1. **COME OUT** of the body of an infected person
2. **SURVIVE** in the environment
3. **GO INTO THE BLOODSTREAM** of another person
4. be in **SUFFICIENT** quantity to cause infection

IT'S NOT MAGIC

What Do I Do

If I Get Hurt?

wash cuts and scrapes
with hot soapy water

see nurse or doctor
as soon as possible

CAN YOU TELL WHO IS INFECTED?

Most people appear to be in good health. You cannot tell that someone is infected simply by looking at them. They can still transmit the HIV or Hepatitis B or C virus without even knowing it!

MODES OF TRANSMISSION
HIV – HEPATITIS B OR C

<u>High Risk</u>

- unprotected sexual relations
- sharing of injection syringes for:
  - ☑ drugs
  - ☑ steroids

<u>Possible Risk</u>

- sharing of needles or ink when
  - ☑ tattooing
  - ☑ body piercing
- sharing of blunt or sharp objects
- sharing of materials used for inhaling or smoking
- mother to child

Who is at Risk?

ANYONE

who engages in risky behaviours

No matter who you are

* The main thing to remember is that the virus does not know the difference.

INFECTIOUS BODY FLUIDS

- Blood
- Blood-stained fluids
- Pre-ejaculate
- Semen/Ejaculate
- Vaginal Secretions
- Cerebral Spinal Fluid
- Amniotic Fluid
- Breast Milk
- All Body Fluids Visibly Contaminated With Blood
- Tissue or organ

Overhead 4.4.6

NON-INFECTIOUS BODY FLUIDS

(unless bloody)

- stool
- urine
- tears
- saliva
- nasal secretions
- vomit

WHO CAN GET HIV – HEPATITIS B AND C ?

Anybody and Everybody is at risk

RISK FACTORS:

- Having unprotected sex
- Sharing needles used to inject drugs
- Sharing works and inks used for tattoos
- Sharing tools used in Body Piercing
- From a Pregnant woman to her baby

"SAFE" AND "SAFER" PRACTICES

Safe

Reduces the possibilities of HIV or Hepatitis transmission

Safer

Cannot result in HIV or Hepatitis Transmission

WHAT IS SAFER SEX?

Any sexual activity which has theoretical risk or low risk:

Wet Kissing
Fingering

WHAT IS SAFER SEX?

Any sexual activity which does not let the following pass from one person into another person's body:

Blood
Semen
Vaginal Fluids

CONDOM SENSE

Use a latex condom every time you have sex, even if you are on the pill.

Put it on before close contact

Lubricated latex condoms usually do not break as easily as unlubricated latex condoms

Leave room (about 1 cm) at the tip to hold semen

Check the expiry date of the latex condom

THE RULE:

NO GLOVE,
NO LOVE

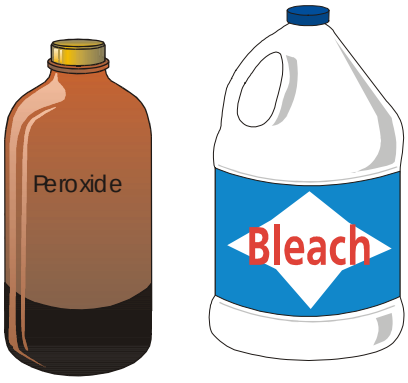
SAFE/SAFER DRUG USE OPTIONS

1. Quit

2. Never Share Needles / works

3. Clean Shared Needles / works

   - *Bleach*
   - *Other ways*

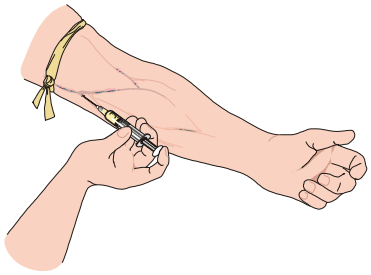


IF YOU ARE SHARING….

You can get HIV from other people's used needles / fits / points, works, steroids / vials and ink.

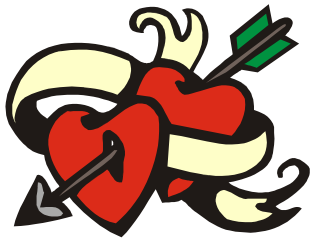
Be careful when:

- Injecting / Shooting up
- Tattooing
- Body Piercing



- If you can, cut down or do not use
- Use clean works/ rigs
- Always clean your works / rigs with bleach if you share

SAFE/SAFER TATTOOING OPTION



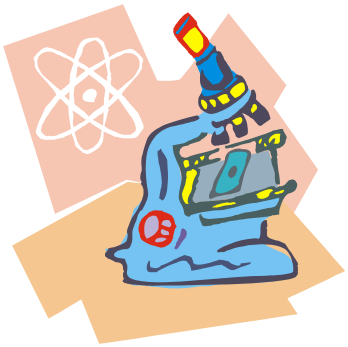
Ask questions before you do it:

- Is a new needle used every time?
- Is ink from new supply (not used before)?
- Is he/she an experienced tattooist?

NEVER SHARE INK OR WORKS

PREVENTION

Fight the transmission of HIV and other viruses with Prevention.



- Always wear latex gloves when handling body fluids
- Always wash your hands
- Always use a latex condom every time you have sex
- If you share needles used for injecting drugs, always clean your needles with bleach
- Make sure that all works and ink for tattooing are clean.

MEDICAL TREATMENT

HIV :

Anti HIV drugs to slow the progress of the disease.

Medication to prevent opportunistic infections

Hepatitis B or C :

Rebetron treatment

Section 5

TUBERCULOSIS

5.1 DEFINITION

- What is Tuberculosis?

Overhead 5.1.1

  - In the 19th century tuberculosis, or consumption, as it was then known, was one of the most terrible diseases of mankind. As many as one out of every five people then, died of tuberculosis before reaching the age of 50. Is it still around? Yes, it is. But in North America it is well controlled and rarely causes death. The cause of tuberculosis is the tubercle bacillus. First discovered by German bacteriologist Robert Koch in the year 1882, this identification was a turning point in man's fight against TB and the beginning of the end of tuberculosis as a leading killer. While the TB germ can affect different areas of the body causing tuberculosis of the bones and joints and of reproductive, digestive and urinary systems, tuberculosis of the lungs is the most common. In the lungs the bacteria causes damage to the lung cells inflicting more and more damage, if untreated, death may occur.
  - In Canada, there were about 2,000 new active and reactivated TB cases in 1995, down from about 2,800 cases in 1985 (In 1997, there were 7 cases of active/reactivated TB in prisons).
  - Despite the fact that the overall number of cases is decreasing in Canada, the number of Aboriginal active TB cases has stayed about the same (342 cases in 1985 and 343 in 1995). This means that in Canada, the percentage of new and reactivated Aboriginal TB cases has increased from 27% of all Canadian cases in 1985 to 44% in 1995.
  - TB is either inactive (contained and not infectious) or it is active (spreading and infectious).

5.2 SYMPTOMS

General symptoms of TB may include:

Overhead 5.2.1

- ♦ Weakness
- ♦ Feeling sick
- ♦ Weight loss
- ♦ Fever
- ♦ Night sweats
- ♦ Loss of appetite

Late symptoms of TB of the lungs may include:

- ♦ Long term cough
- ♦ Chest pain
- ♦ Coughing up blood

Other symptoms depend on the particular part of the body that is affected.

5.3 TRANSMISSION

- The risk of transmitting TB from one person to another depends on three things:
  - the degree of infection of the individual with active TB
  - the environment, and
  - the susceptibility of the exposed individual

- TB can be spread by breathing the same air as someone who already has the TB infection. TB germs get into the air when coughing or sneezing is uncontrolled.
- TB germs are inhaled into your lungs, where they may take hold and grow into spots of infection.

Overhead 5.3.1

- TB is often found in people who have poor nutrition and live in poorly ventilated spaces. TB can also infect anyone who is exposed long enough to someone who has active TB. To get TB, the Health Protection Branch of Health Canada estimates that an average healthy adult would have to be exposed to an infected individual for eight hours a day for six months. However, there have been documented cases where individuals became infected with TB after as little as six hours in an enclosed area like a plane.
- Anyone and everyone is at risk. The high risk population groups include:
  - Persons living with cases of active tuberculosis.
  - Persons who previously had active tuberculosis however may have either received inadequate medication or none at all.
  - People from countries where tuberculosis is common. This risk persists throughout the lifetime of the population.
  - Aboriginal persons from Native Indian and Inuit groups.
  - Incarcerated individuals.
  - Residents of depressed social-economic areas in large cities.
  - Individuals with a weakened immune system. (ie. HIV)
  - Individuals who work with others in these high risk groups.

5.4 TREATMENT

- TB is cured by taking medication. You need to take the medication for as long as the doctor tells you to.
- Medication may cause an upset stomach, fever or chills and/or headaches. If you stop taking the pills a resistance to the medication can be built and the doctor will then have difficulty treating the infection.
- Keeping healthy during treatment

Overhead 5.4.1

  - stop smoking
  - eat well-balanced meals
  - get at least eight hours of sleep daily
  - take all your medication
  - do not drink alcohol
  - have your blood tested when the doctor or nurse advises

  Treatment is mandatory to any patient with active TB

5.5 PREVENTION / PROTECTION

People with TB infection can be prevented from developing TB disease. TB disease can be cured with medication. The first step is to find out if you are infected with the TB germ. You can do this by getting a TB skin test. To protect others use the following rules:

- always cover your mouth when you cough or sneeze
- always use a tissue to help block the droplets of disease from your lungs
- take your medication regularly
- do all test to ensure TB germs have been killed

Notes

FACILITATOR'S NOTES

Understanding Tuberculosis

Introduction

Tuberculosis (TB) has been around for centuries. Once known as "consumption", tuberculosis claimed the lives of such well known figures as the Bronte sisters, Robert Louis Stevenson and Vivian Leigh. Improved treatment and drug therapy has seen the number of TB cases reported in Canada sharply decline since the Second World War. At that time more than 14,000 new cases of TB were reported each year and over 17,000 patients were placed in TB sanatoriums. The last of Canada's TB sanatoriums was closed in the 1970s. Since 1987 the number of TB cases reported has remained constant. Approximately 2,000 cases are reported each year in Canada. Investigations are now being conducted to understand why the number of TB cases reported is no longer decreasing.

Exposure to Tuberculosis

Tuberculosis is caused by bacteria that belong to a group of organisms called mycobacterium. In Canada, TB is usually caused by Mycobacterium tuberculosis.

To acquire TB, you must be in contact with someone who has infectious or active tuberculosis. When someone with infectious TB coughs, they release TB organisms into the air. TB spreads when someone inhales TB organisms floating in the air around them.

Frequent exposure to an infected individual is usually required to develop tuberculosis. It is estimated that exposure for eight hours a day for six months is necessary for an average, healthy adult to acquire the disease.
People who are not included in, or in very frequent contact with, the high-risk groups listed below are unlikely to be exposed to someone with infectious tuberculosis. They are therefore unlikely to become infected with TB.

HIGH RISK GROUPS

High-risk groups include: immigrants to Canada, particularly those from Asia, Native People, people with HIV/AIDS, homeless urban-core residents and seniors. People living in overcrowded and poor living conditions are also at greater risk of developing TB.

People working in health care institutions and other social service organizations may have frequent contact with high-risk individuals. Effective safety programs can prevent the development of TB in any exposed worker.

SYMPTOMS

Different scenarios occur after someone has inhaled the TB bacteria. Most people do not go on to develop infectious TB. Special tests like a Mantoux skin test can show that someone was exposed to TB organisms. These people do not

become ill and cannot spread TB to others. Ninety per cent of people who inhale TB causing organisms remain in this "truce" situation for the rest of their lives.

Only ten percent of people go on to develop active (infectious) TB. These people may complain of fatigue, weight loss, cough persisting for more than four weeks, a general feeling of being unwell and, in an advanced case coughing up blood. X-rays and special laboratory tests are used to diagnose active TB. Until these people receive treatment they may spread TB to others. Most people develop infections in their lungs (pulmonary tuberculosis). Rarely, people also develop infections involving the brain (meningitis), kidneys, skin, bones, joints or lymph nodes.

SUCCESSFUL TREATMENT OF TUBERCULOSIS

To control TB, all cases of active tuberculosis must be identified and a full course of appropriate treatment completed. In addition, people who develop a positive Mantoux skin test after exposure to someone with active TB should receive preventive therapy for one year. This will substantially reduce their chance of developing TB.

Successful treatment of active tuberculosis requires months of meticulously taking at least two drugs. A combination of drugs is given to prevent the development of drug-resistant tuberculosis. Completing the full course of treatment is very important as the most common reason a person develops drug resistance is because they have not followed the prescribed treatment.

DRUG RESISTANT TUBERCULOSIS

Drug-resistant TB has been reported in Canada for decades. In most of these cases, the TB organism was resistant to a single drug. However, a few of these reports describe cases of multiple drug-resistant TB (MDR-TB).

The United States has reported several outbreaks (large number of cases) of MDR-TB since 1987. These large outbreaks have occurred among HIV/AIDS infected individuals. No outbreaks of multi drug resistant TB has occurred in Canada.

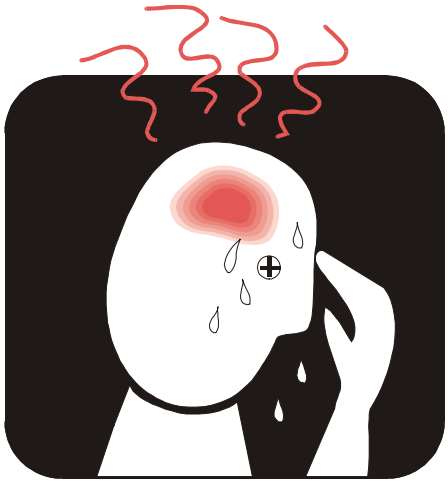
The key to preventing MDR-TB in Canada lies in two major programs: early identification and appropriate treatment of all active TB cases and provision of preventive therapy for exposed individuals who develop a positive Mantoux skin test. These programs will prevent the development and spread of tuberculosis as well as MDR-TB. A registry of all drug-resistant tuberculosis organisms has been established.

WHAT IS TUBERCULOSIS?

Tuberculosis is a communicable disease caused by an infection with a tiny bacteria. It is commonly known as the TB germ.

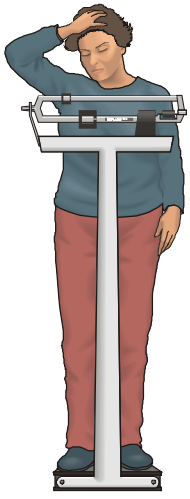
SIGNS AND SYMPTOMS

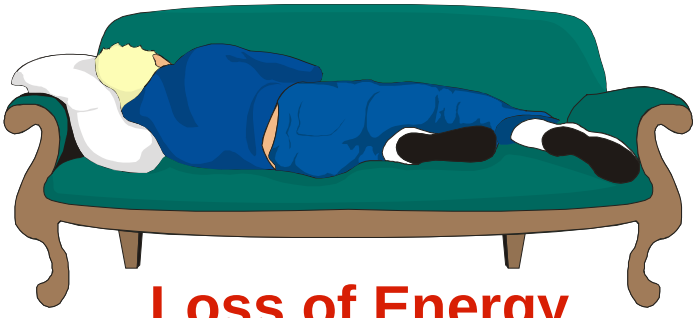
Loss of Appetite



Night Sweats & Fever

Loss of Weight



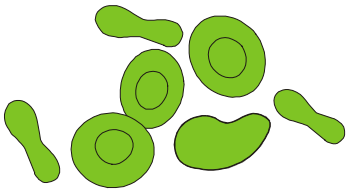


Loss of Energy

How can TB Spread?

TB germs get into the air when coughing and sneezing is uncontrolled.

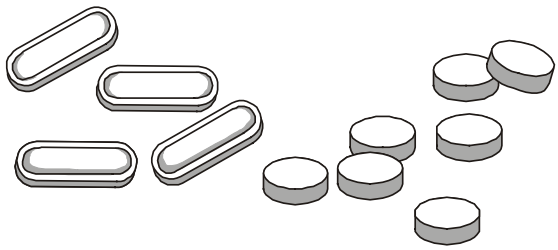
You can get TB by breathing in the infected air.



TB Germ

HOW IS TB CURED?

Tuberculosis is cured by taking medications. Sometimes you may need to take different kinds of pills.



You will need to take your medicine for as long as the Doctor or Public Health / Health Care Nurse tells you to.

IT IS VERY IMPORTANT TO TAKE THIS MEDICATION REGULARLY

Section 6

SEXUALLY TRANSMITTED DISEASES

6.1 WHICH ARE STDS

GERMS

Such as bacteria and viruses that are transmitted from one person to another person through sexual intercourse.

The types of STDs are:

Overhead 6.1.1

MUCOUS to MUCOUS

Chlamydia	Bacterial Vaginosis
Gonorrhea	Vaginitis
Genital Herpes	Genital Warts

BLOOD & BODY FLUIDS to BLOOD

HIV	Hepatitis B
Hepatitis C	Syphilis

MOST COMMON STD

Overhead 6.1.2

Chlamydia
Gonorrhea
Genital Herpes
Bacterial Vaginosis
Vaginitis
Syphilis
Nongonococcal Urethritis

TRANSMISSION

- All sexual activities which transmit HIV can also transmit the other STD's. However, a number of STD's are more easily transmitted than HIV and can also be transmitted through direct mucous-mucous contact [deep kissing and oral sex (fellatio, cunnilingus, anilingus)].
- There is an increased risk of contracting HIV when one has certain lesion-causing STD's (e.g. syphilis or herpes).
- As with HIV/AIDS all STD's are preventable. This should be emphasized.

One of the highest rates for STD's are amongst women between ages of 15 and 19 and therefore a high-risk age group for HIV transmission.

6.2 SIX WARNING SIGNS OF STD

Overhead 6.2.1

Genital Discharge
Genital / Urinary Burning
Genital Itching
Genital Sores
Lower Abdominal Pain (in women)
Worry

6.3 TREATMENT FOR STD'S

See Doctor or Nurse
Medical examination with sample taking
Diagnosis

Overhead 6.3.1

Antibiotics
Special treatments
Prevention advice
Sex partners need testing
Sex partners need treatment

Always follow advice and treatment

CURABLE STD'S / INCURABLE STD'S

CURABLE STDs

- Chlamydia
- Gonorrhea
- Genital Warts
- Hepatitis C (carrier)
- Bacterial Vaginosis
- Vaginitis
- Hepatitis B (carrier)
- Syphilis

INCURABLE STDs

- Genital Herpes
- HIV

ALL STDS CAN BE PREVENTED

Only you can choose to use risk reduction tools to keep yourself free from infection

6.4 STD PREVENTION

No sex
Always have protected sex
use latex condoms
Use dental dams
Watch for body signs
Regular STD check-ups

WHO IS AT RISK

Anyone who has unprotected sex

Notes

FACILITATOR'S NOTES

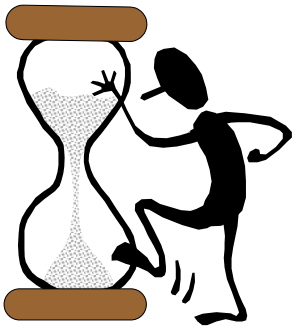
STD

Chlamydia

Men:

Inflammation – redness around area where urine comes out
Discharge – creamy yellow discharge from the penis
Burning – pain/burning when urine is passed "Hot Piss"

If untreated an inflammation of the tube that connects the testes (balls) to urethra will occur. Treated with antibiotics; it is important that anyone you had sex with previously and currently is also treated.



NOTE: Chlamydia can also infect the rectum, throat and eyes. Women may not show symptoms.

Gonorrhea

Men:

Discharge – thick green/yellow discharge from the penis
Burning – burning sensation when urine is passed "Pissing Razor Blades"

If untreated a chronic illness/infection will develop. The bacteria will spread to other parts of the body (e.g. joints). May cause sterility (inability to have children). Treated with antibiotics; it is important that anyone you had sex with previously and currently is also treated.

NOTE: Women may not show symptoms.

Genital Herpes

Men:

Blister – like sores are the most important symptom to find. These blisters spread the virus.

- Some people notice a tingling feeling before the sore or blister appears.
- If there is more than one blister or sore, the area will become swollen and tender to touch. THESE ARE INFECTIOUS.
- Most often found in the sexual organs, such as the penis and the rectal area.
- Area painful, especially if clothing or urine touches the area
- There is medication to treat the virus but does not cure. Herpes can reoccur.

Bacterial Vaginosis – NGU - Vaginitis

Men:

NGU – Nongonococcal urethritis – infection of the urethra (tube that carries urine through the penis)

- Mild burning on urination.
- White or yellow discharge from sex organs.
- Treated with antibiotics.

Women:

Bacterial Vaginosis – an imbalance of normal germs growing in the vagina.

Vaginitis – an infection in the vagina often caused by a yeast fungus or other germs. The two most common germs are Yeast and Trichomonas.

Syphilis

Has three stages and each stage has different symptoms.

1st Stage:

A painless sore (chancre) forms on the penis/scrotum, rectum, mouth or throat. This sore will go away in 3-6 weeks without treatment. The bacteria still remains in the body (usually in the blood stream) and you can infect others.

2nd Stage:

This stage occurs up to six months after exposure. Sores and rashes occur anywhere on your body. You may feel like you have the flu (headache, aches/pains in joints or bones). You may have wart like growths in your rectum. Without treatment, these symptoms may come and go. The bacteria still remains in the body and you can infect others.

3rd Stage:

Takes anywhere from 10-30 years to develop you will develop serious medical problems if you are untreated. Some illnesses are:

- Blindness
- Heart damage/disease
- Brain damage/disease

People with HIV/AIDS seem to develop 3rd Stage quicker than others. Syphilis is diagnosed by a blood test called RPR or VDRL. Syphilis is treated with penicillin. This is the only effective treatment for syphilis. If you are allergic to penicillin, the doctor will "desensitize" you to the allergic effects.

WHAT ARE STDS?
(SEXUALLY TRANSMITTED DISEASES)

GERMS

such as bacteria and viruses that are transmitted from one person to another person through sexual intercourse.

The types of STD's are:

MUCOUS to MUCOUS

Chlamydia	Bacterial Vaginosis
Gonorrhea	Vaginitis
Genital Herpes	Genital Warts

BLOOD & BODY FLUIDS to BLOOD

HIV	Hepatitis B
Hepatitis C	Syphilis

MOST COMMON STD'S

Chlamydia

Gonorrhea

Genital Herpes

Bacterial Vaginosis

Vaginitis

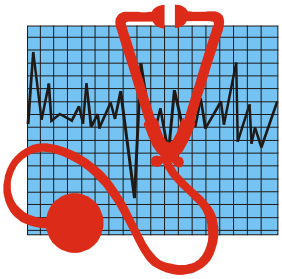
Syphilis

Nongonococcal Urethritis

SIX WARNING SIGNS OF STD'S

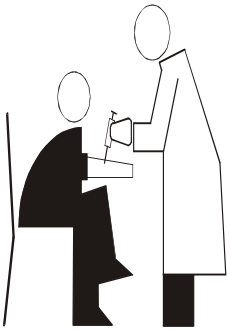
1. Genital Discharge
2. Genital / Urinary Burning
3. Genital Itching
4. Genital Sores
5. Lower Abdominal Pain (in women)
6. Worry

TREATMENT FOR STD'S



- ✓ **SEE DOCTOR OR NURSE**
- ✓ **MEDICAL EXAMINATION AND SAMPLE TESTING**
- ✓ **TEST TO KNOW WHAT TYPE OF DIAGNOSIS**

- ➢ Antibiotics
- ➢ Special Treatments
- ➢ Prevention Advice
- ➢ Sex Partners Need Testing
- ➢ Sex Partners Need Treatment



ALWAYS FOLLOW ADVICE AND TREATMENT

Section 7

SERVICES OFFERED BY CSC

7.1 TESTING

Ask the participants why it is so important to be tested.

Make certain that the following reasons are mentioned.

REASONS TO BE TESTED

- Make the choice that lets you live
- Protect your health, the health of those you love and the health of those you have had risky behavior with
- Know the facts about HIV and AIDS
- Contact your Health Care Unit

To avoid transmission to her baby, testing is important for a women if she is planning or already is pregnant, especially if she has had risky behaviors

Pros

If HIV Negative:

- Knowing what to do to remain uninfected or HIV free
- Motivation to remain negative

If HIV Positive:

- Getting appropriate health care or treatment
- Knowing what to do to avoid re-exposure to HIV
- Motivation to avoid re-exposure to HIV
- Knowledge/motivation to avoid exposing others to HIV
- Learning how to stay healthy for as long as possible

- Take required action to avoid mother to child transmission.
- Obtain treatment for family members if they are infected

Cons

- Stress of receiving a positive result
- Possibility of being discriminated against (e.g. losing friends, job, partners, travel opportunities, etc.)

TESTING FOR HIV – HEPATITIS B AND C

See facilitator's notes

Overhead 7.1.1

- A simple blood test
- The result will show if you are a carrier of the virus
- This test is not a part of regular blood testing
- You must give a voluntary consent

- These tests will be offered if you have had risky behaviour
- Antibody testing requires special counselling before and after
- Tests are voluntary and results are confidential

PUT EMPHASIS ON:

Testing after a risky behaviour is like putting the cart before the horse. The best choice is to practice risk reduction and remain infection free.

TESTING FOR TUBERCULOSIS

• ***BRIEFLY DESCRIBE WHAT A MANTOUX TEST IS.***
An injection under the skin. Then, two days later, a nurse will measure the spot. If the result is negative the test will be repeated in two weeks:

Positive skin test:
- means that you may have been near someone who has coughed or sneezed out TB germs.
- does not mean you have tuberculosis disease. It only means you have some TB germs in your body.

Negative skin test:
- no red induration (area) at needle site
- a Mantoux test will be repeated yearly

TESTING FOR STDS

If you think or you have signs of an STD, it is highly recommended that you go to the Health centre and request to be seen by the doctor.

Signs:

- Discharge
- Burning sensations
- Itchiness
- Pain
- Sores
- Pain in lower abdomen for women

7.2 VACCINE

Overhead 7.2.1

- A vaccine is offered for Hepatitis A & B
- There is no vaccine available for Hepatitis C or for HIV
- For Tuberculosis, the vaccine offered is offered only in specific regions (Northern Territories).

7.3 TREATMENT

TREATMENT FOR HIV, HEPATITIS AND TB

Overhead 7.3.1

- Medical treatment for above mentioned diseases is offered on a voluntary basis, except for active TB where treatment is mandatory.
- To receive treatment you must see the doctor who will refer you to a specialist, if required
- For further info on treatments for HIV and TB, see Modules 3 & 6 from PEC

PROTOCAL AFTER HAVING BEEN EXPOSED

Indicate to participants that a preventative (prophylaxis) medication can be considered after exposure.

See Facilitator's notes.

METHADONE TREATMENT

Methadone is a well-recognized and accepted treatment for people who suffer from heroin and other opioid addictions. It has been used as a medical intervention for more than 30 years as a way to help addicted individuals beat their drug dependency problems and lead more productive lives.

WHAT IS THE NATIONAL METHADONE MAINTENANCE TREATMENT PROGRAM (MMT)

It is a comprehensive and integrated program for opioid-addicted offenders.

- Based on harm reduction not abstinence,
- By providing an alternative to injection drug use, methadone maintenance treatment helps reduce the spread of diseases that are transmitted through needle sharing..

The objectives of the National MMT Program are to reduce relapse to opioid drug use and to assist motivated offenders to gradually disengage from all illicit drug use.

7.4 SUPPORT

No one need be alone. If an inmate needs help or has a need to be listened to, he/she may contact:

Overhead 7.4.1

1. Health Centre
2. The other inmates participating in the PEC or Peer support program
3. The psychologist
4. The chaplain
5. To anyone he/she has confidence in
6. Help lines available by phone
7. Certain community counsellors

- Normally all information pertaining to maintenance and support services are available through the Health Centre.
- The professionals in the Health Centre insure that their service guarantees confidentiality adapted to the needs of the inmate.

7.5 PREVENTION

Do a quick review of safety measures and underline where the condoms, dental dams and bleach are located in your institution.

Overhead 7.5.1

- Decide not to have sex or to practice safe sex
- Always think about protecting yourself from infection, everyone & anyone can carry germs like bacteria & viruses
- Always wash your hands after using the toilet
- Always wash your hands before eating or handling food
- Always wear a latex condom or latex barrier, during each time you participate in sexual intercourse from start to finish
- Decide not to use drugs / If you use drugs use a new needle and syringe or clean with bleach
- Do not share needles or always clean properly
- before you do
- Do not share razors, toothbrushes, tattooing or body piercing works
- Do not participate in blood ceremonies
- Always handle sharp objects with extreme care

Remind participants that upon arrival in their respective institution, information regarding whereabouts of above mentioned items is available through the Health centre or changing room.

7.6 INFORMATION

Advise all participants that more detailed information on subjects mentionned is available through :

- Health centre
- Volunteers of the PEC Program
- CHIPs facilitators
- Support groups
- Parole officers

Notes

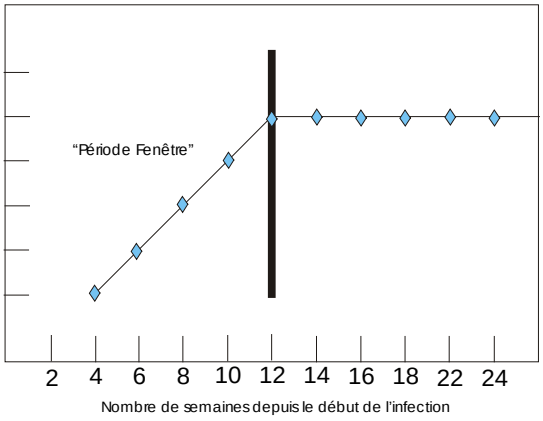
FACILITATOR'S NOTES

WHAT IS THE HIV-ANTIBODY TEST?

- Simple blood test to determine the presence of the HIV virus
- Some tests are used to detect HIV antibodies not the virus itself, these tests rely on the host to produce antibodies (B-cells function)
- This is the standard test used
- Other tests can be used to test for the virus itself but are costly
- If antibodies of the virus are found the test is positive for HIV if no antibodies are found or no detection of the virus the result is negative
- Accuracy of HIV serology is excellent

WINDOW PERIOD

The window period is the time the body takes to produce antibodies (6 weeks – 6 to 9 months).



For more information on the HIV antibody test such as types of test, understanding of the results and choices of test (nominal, anonymus, etc..) Refer to Module 5 of the PEC program

HIV Tests Results

What does a Negative Result mean?

- Test result means that no antibodies to HIV were found in a person's blood at the time of testing.
- HIV antibodies take up to 6 – 12 weeks, on average, to show up. In other words, a person can test negative and actually have the virus, if they have been tested before antibodies develop. This is called the ""window" period – the time between being exposed to the virus and developing enough antibodies that can be detected by the test.
- The window period may add up to 6 months, although 95% of adults will develop antibodies within 3 months.

- To avoid being in the "window" period, people should wait approximately 3 months **after** they think they have been exposed to the virus.
- A negative result DOES NOT mean you will never get the virus after any other risky behavior.

Negative (HIV antibodies were **NOT** found)
- Person **is not** infected OR
- Person is in the "**window"** period

What does a Positive HIV Result mean?
- indicates there are antibodies to the virus or presence of the virus itself in the blood
- this indicates the patient has been infected with HIV and could pass it on to others via unprotected sex, breast milk and exchange of body fluids
- a positive result does not indicate the patient has AIDS, only indicates the client has the HIV virus antibodies.
- a viral load will show how much virus is in the blood and will indicate if there are no antibodies present

Positive (HIV antibodies **were** found)
- Person **is** infected with HIV
- Person **can infect** others

WHAT IS INFORMED CONSENT?

According to the Counselling Guidelines for HIV Testing by Canadian Medical Association informed consent requires that the following be met:

- Person must be ***Competent***
- Purpose, procedure, pros and cons of being tested are clearly ***Explained***
- Person has the ***Choice*** to get tested
- Person ***Agrees*** to be tested
- Person ***Understands*** exactly what they are agreeing to

FIVE MAIN STEPS FOR THE HIV TESTING

1. Decide where to go for the Tests
2. Pre-Test Counselling (Going for the Test)
3. Blood Sample
4. Waiting for the Results
5. Post-Test Counselling (Receiving the Results)

WHEN SHOULD A PERSON GET TESTED FOR HIV?

- When a person suspects that they have contacted the virus as a result of a high risk behavior
- When without confirmation the suspicion is stressful and compounds an already negative outlook
- When the prevention of transmission is crucial and knowing status may lead to behavior change
- After the window period of 3 months, to avoid false negative results

** As a counselor, we must respect the choice of one refusing testing*

FEELINGS AND EMOTIONS

Testing HIV Negative

- Relief
- Upset .
- Confused .
- Disbelief
- Invulnerable

Testing HIV Positive

- Shock "I feel numb and stunned
- Denial
- Guilt/Shame
- Anger
- Sadness/Depression
- Anxiety/Fear
- Powerlessness
- Grief

For more information on the steps for HIV testing, when should a person get tested for HIV, and on feelings and emotions following an HIV result, refer to Module 5 of the PEC program

TESTING FOR TUBERCULOSIS

WHAT A MANTOUX TEST IS.

- An injection under the skin. Then, two days later, a nurse will measure the spot.
- For the 2 steps,if the result is negative the test will be repeated in two weeks:

Positive skin test:

- means that you may have been near someone who has coughed or sneezed out TB germs.
- does not mean you have tuberculosis disease. It only means you have some TB germs in your body.

Negative skin test:

- no red induration (area) at needle site
- a mantoux test will be repeated yearly

OCCUPATIONAL AND NON-OCCUPATIONAL EXPOSURE

DEFINITIONS

An Exposure is contact with blood or fluids that have the potential to be infectious through a needle stick, through broken or non-intact skin, or through the mucous membranes of the nose, mouth, or eyes.

Individuals who are exposed should:

- Wash the affected area
- report the incident and be examined by a medical authority for Assessment and Counselling

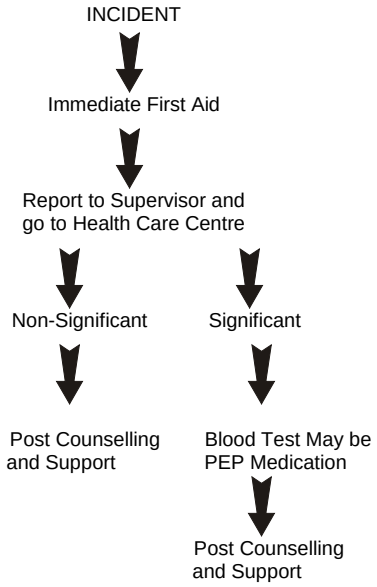
Use the protocol – "Blood and Body Fluid Exposure" of your institution.

- Accidental exposure to HIV – An event where blood or other potentially infectious body fluid inadvertently comes into contact with non-intact skin, mucous membranes, or subcutaneous tissue (via percutaneous injury)
- Occupational exposure: Exposure occurs because of and during the work (e.g. needlestick, bites).
- Non-occupational exposure (e.g. sexual exposure, sharing needle).
- Significant exposure: has occurred where an individual has come in contact with body fluids capable of transmitting HIV, Hepatitis C or Hepatitis B, (blood, semen, plasma, and all body fluids visibly contaminated with blood, uterine/vaginal secretions) into the following: tissue under the skin, non intact skin, and mucous membranes (e.g. a needlestick injury, a cut from a used razor blade, infected blood on chapped skin, infected blood into a cut, or a splash of blood to your eyes or mouth).
- Non Significant exposure: when body fluids coming into contact with intact skin. Wash skin with soap and water. No further action is needed.

- Infectious – Source known to be HIV+, Hep B+, and C+ or at high risk of being infected (if source is unknown, consider infectious).
- Non-intact skin – Healing wound (< 3 days old) and skin lesion causing disruption of the epidermis.

RESPONSE TO ANY EXPOSURE

- The individual involved shall immediately:
  - Remove all contaminated clothing when splashed
  - Allow immediate bleeding of the wound
  - Wash the injured area well with soap and water
  - If the eyes, nose or mouth are involved, flush them with large amounts of water.



- The individual shall immediately report the exposure to the designated person usually nurses on duty.
- Nurse will contact the physician and decision will be taken on prophylactic post exposure medication (PEP).

For more information, refer to module 8 of the PEC program

METHADONE TREATMENT

Methadone is a well-recognized and accepted treatment for people who suffer from heroin and other opioid addictions. It has been used as a medical intervention for more than 30 years as a way to help addicted individuals beat their drug dependency problems and lead more productive lives.

What is the National Methadone Maintenance Treatment Program (MMT)

It is a comprehensive and integrated program for opioid-addicted offenders.

- Based in harm reduction
- By providing an alternative to injection drug use, methadone maintenance treatment helps reduce the spread of diseases that are transmitted through needle sharing.

The goal of the National MMT Program is harm reduction, not abstinence, in order to minimize the adverse physical, psychological, social, and criminal effects associated with opioid use, including the spread of HIV and other infectious diseases in CSC institutions and in the community.

The objectives of the National MMT Program are to reduce relapse to opioid drug use and to assist motivated offenders to gradually disengage from all illicit drug use.

The National MMT Program is being implemented in two phases. In *Phase I*, which is currently underway, offenders who were previously in a community methadone maintenance treatment program are eligible for consideration for the program. In *Phase II*, opioid-addicted offenders who would like to receive methadone maintenance treatment during incarceration or prior to release will be eligible for consideration for the program. The start of *Phase II* will come later and will be dependent on an evaluation of *Phase I*

It is first and foremost a matter of public health. Heroin addiction is a serious medical problem for which effective treatment is available.
Methadone maintenance treatment is an established and effective treatment for individuals with serious heroin or other opiate addictions.

Scientific research demonstrates that methadone reduces the risk of HIV and hepatitis transmission as a result of a significant reduction in injection drug use and dependency.
The Methadone Intervention Team (MIT) is a multi-disciplinary team mandated to coordinate the delivery of the program in CSC institutions and community settings.

The core membership of the MIT includes the offender, institutional/community parole officer, institutional correctional officer II, institutional/community substance abuse facilitator, and institutional/community health services staff (physician or nurse).

Facilitator's Notes

Methadone is a synthetic drug form used medically as a substitute for heroin and other opioid drugs.

Methadone effectively relieves drug cravings and withdrawal symptoms normally experienced by opioid users, however unlike drugs like heroin, it does not cause sedation or euphoria. As a result, methadone enables the individual to perform mental and physical tasks without impairment – in other words; it helps the individual to lead a "normal" life.

Methadone has its drawbacks, including the fact it too can be addictive, but the fact remains it has been used medically for more than 30 years as a way to help heroin users to kick their habit.

Powdered methadone mixed with liquid, such as juice, is taken orally once a day and remains effective for at least 24 hours. It is administered on a maintenance basis like other medications (e.g.: much in the same way as insulin is used to treat diabetes).

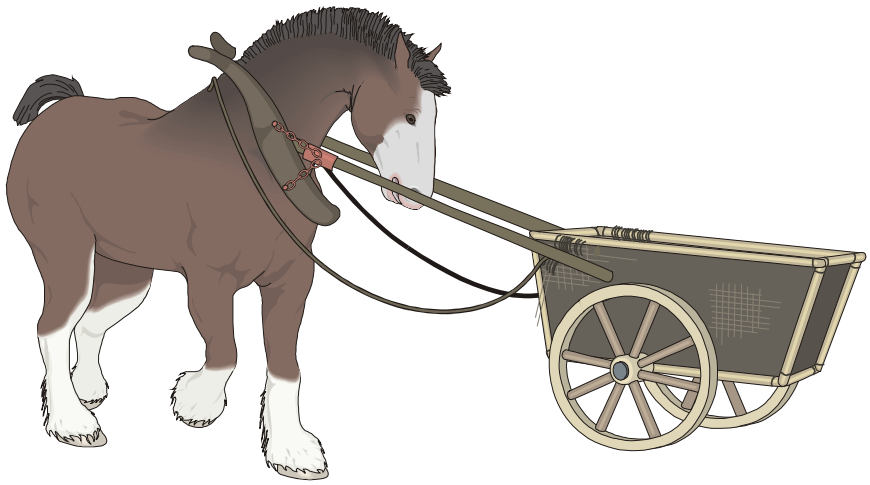
According to numerous scientific studies, methadone minimizes adverse physical, psychological, social and criminal effects associated with heroin addiction.

BLOOD TEST

The result of the test shows if you are a carrier of the HIV and/or the Hepatitis B or C virus.

This test is not part of any routine blood testing.

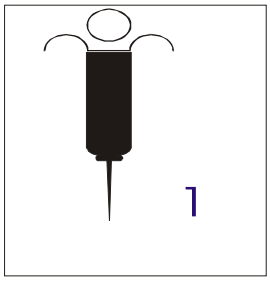
TESTING AFTER A RISKY BEHAVIOUR IS LIKE PUTTING THE CART BEFORE THE HORSE. THE BEST CHOICE IS TO PRACTICE RISK REDUCTION AND REMAIN INFECTION FREE.



VACCINE

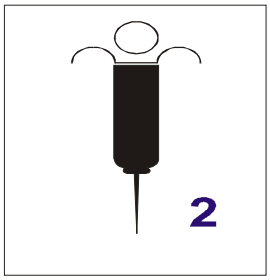
For Hepatitis A & B

Month 0



FIRST SHOT

Month 1



SECOND SHOT

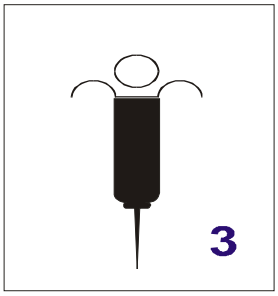
Month 2

Month 3

Month 4

Month 5

Month 6



THIRD SHOT

Month 7

This vaccine is safe. It will prevent Hepatitis B infection. To be protected, you need three (3) vaccine treatments.

TREATMENT

- Offered to all inmates who:
  - Carriers of Hepatitis A virus
  - Carriers of Hepatitis B virus
  - Carriers of Hepatitis C virus
  - Carriers of HIV virus
  - Carriers of STD virus
- Mandatory to any inmate with active TB
- Methadone Treatment is available to anyone addicted to heroin
- Preventative medication is available in cases of significant exposure

NO ONE NEEDS TO BE ALONE

NO ONE NEEDS TO FEEL ALONE WITH A PROBLEM

- Support
- Peer Support Program
- Collaboration with the community
- Confidentiality
- Phone Service

PREVENTATIVE MEASURES

Decide not to have sex or to practice safe sex

Always think about protecting yourself from infection, everyone & anyone can carry germs like bacteria & viruses

Always wash your hands after using the toilet

Always wash your hands before eating or handling food

Always wear a latex condom or latex barrier, during each time you participate in sexual intercourse from start to finish

Decide not to use drugs / If you use drugs use a new needle and syringe or clean with bleach

Do not share needles or always clean properly before you do

Do not share razors, toothbrushes, tattooing or body piercing works

Do not participate in blood ceremonies

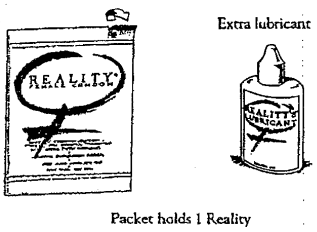
Always handle sharp objects with extreme care

HOW TO USE A FEMALE CONDOM

Step 1

- To open the packet locate the arrow and tear notch on upper right hand corner and tear open.
- Take out condom and look at it closely.
- Rub the outside of the pouch together to be sure the lubrication is evenly spread inside the pouch from the bottom to the top.
- To add more lubricant, simply give one quick squeeze of the extra lubricant. Try different amounts to see what<s best for you and your partner. Try starting with two drops.

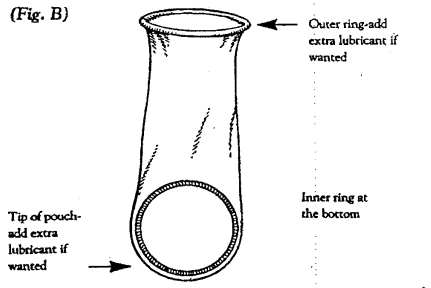
(Fig. A)



Step 2

- To insert condom, find a comfortable position. Try standing with one foot up on a chair, or sit with knees apart, or squat down.
- Be sure the inner ring is at the bottom, closed –end of the pouch.
- If you wish, add a drop of extra lubricant to the closed-end outside tip of the pouch or to the outside ring for extra comfort before you insert the condom.

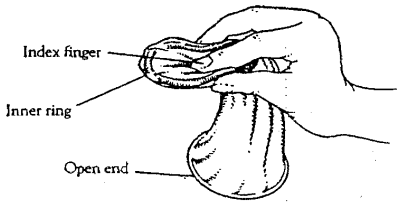
(Fig. B)



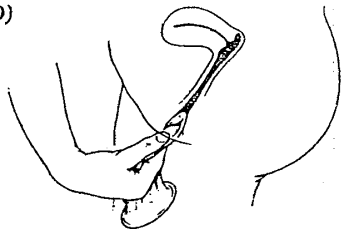
Step 3

- Hold the pouch with the open end hanging down. While holding the outside of the pouch, squeeze the inner ring with your thumb and middle finger.
- Place your index finger between the thumb and middle finger and keep squeezing the inner ring.
- Still squeezing the condom with your three fingers, with your other hand, spread the lips and insert the squeezed condom as shown in Fig. D.
- Take your time. If condom is slippery to insert, let it go and start over.

(Fig. C)



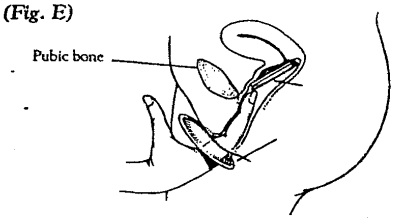
(Fig. D)



Step 4

- Now push the inner ring and the pouch the rest of the way up into the vagina with your index finger, check to be sure the inner ring is up just past the pubic bone. Look at Fig. E. You will feel the pubic bone by curving your index finger when it is a couple of inches the vagina.
- This step may be hard to do on the first or second try because the condom is lubricated. *Take your time* and push the condom up to where you can feel the bone.

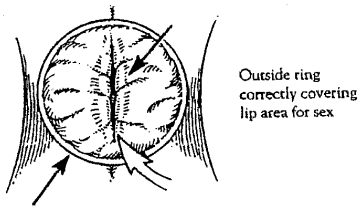
(Fig. E)



Step 4 Cont'd

- Make sure the condom is *inserted straight (not twisted)* into the vagina. It is also important that the outside ring lies against the outer lips as shown in Fig. F.
- About one inch of the open end will stay outside your body Fig F. While this may look unusual, this part of the condom helps protect you and your partner during sex. Once the penis enters, the vagina will expand and the slack will decrease.

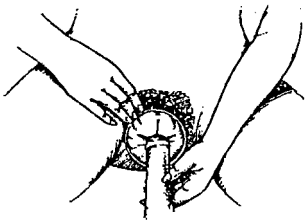
(Fig. F)



Step 5

- Until you and your partner become comfortable using the condom, use your hand to guide the penis into the vagina Fig G.
- After two or three times, you should become familiar with using the condom and should hardly notice the sheath or the outer ring during sex. For added comfort, you may want to add more lubricant either inside or outside the condom. Some couples like to add extra lubricant directly to the penis.

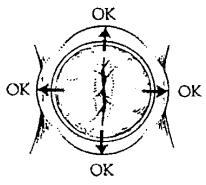
(Fig. G)



Step 6

- During intercourse, you may notice the condom moves around during sex Fig H. (1) movement side-to-side of the outer ring is normal. (2) sometimes the condom may slip up and down in the vagina, "riding" on the penis. If you notice the condom slipping, add lubricant to the penis or inside the pouch. (3) But, if you begin to feel the outer ring being pushed into the vagina, **STOP** Fig I. Or, if the penis starts to enter underneath or beside the sheath, **STOP** Fig J. Take the condom out. Put in a new condom, and add extra lubricant to the opening of the pouch or on the penis. Make sure the outside part lies over the lip area.

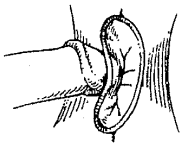
(Fig. H)



(Fig. I)

NOT OK.
STOP

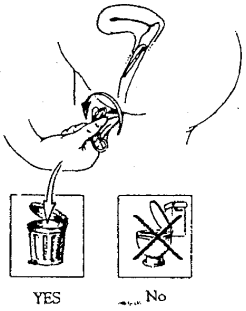
(Fig. J)



Step 7

- After intercourse, take out the condom, squeeze and twist the outer ring to keep the sperm inside the pouch. Pull out gently. Throw away in a trash can. *Do not flush. Do not reuse* Fig. K.

(Fig. K)



Remember

To help reduce your risk of pregnancy and the spreading of a sexually transmitted disease:

- Use a new condom every time you have sex.
- Follow the directions carefully.
- Be sure you don't tear the sheath with fingernails or other sharp objects.
- Use enough lubricant.

PARTICIPANTS HANDOUTS

DEFINITIONS

Infection: a condition when a germ gets into the body. When these germs grow inside the body infection starts, with or without symptoms.

Transmission: manner or mode a disease is transferred, or shared with other people.

Body Fluids: fluids coming from the human body. In this session we will speak about blood, vaginal secretions, semen, saliva, feces and urine.

Universal Precaution: easy measures or ways to protect ourselves and others against the spread of infection (washing hands, gloves)

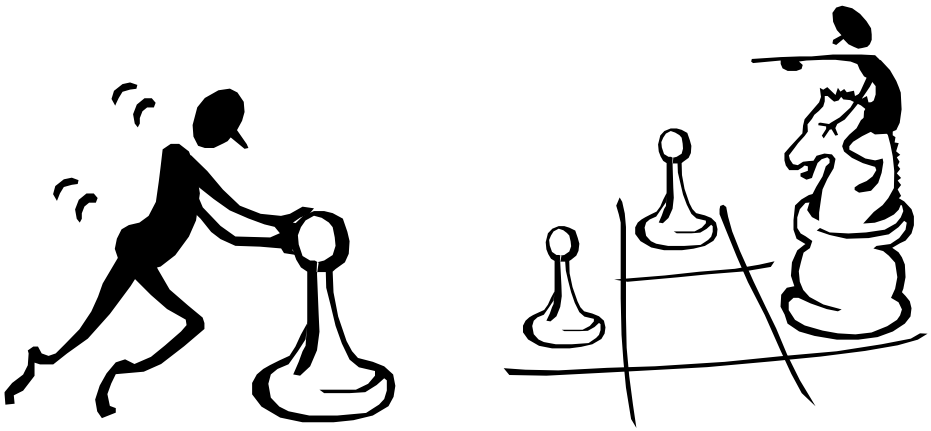
Sexually Transmitted Diseases (STD): diseases that are transmitted from one person to another person through sexual intercourse.

Exposed: related to people who have been potentially in contact with a germ. At this point it is not known if the person will develop an infection or not.

Infected: related to people who have been exposed and have developed an infection.

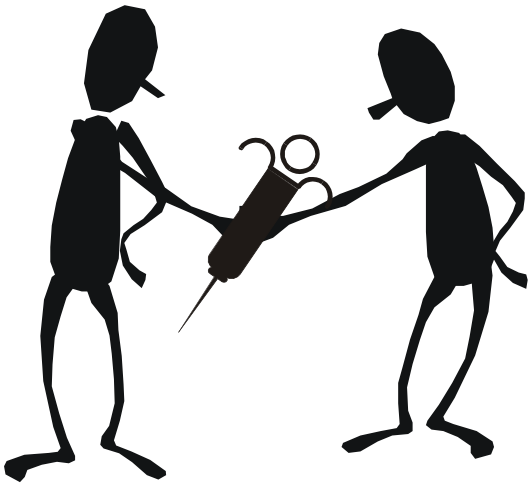
Symptoms: perceptible change in the body or its function indicating injury or disease.

Prevention: Strategies or means which are developed and used to try to stop the spread of infection.



RISKY BEHAVIORS

1. Sharing needles (points/rigs/works/water/cotton/spoons)
2. Sharing tattoo equipment (works and ink)
3. Sharing body-piercing equipment
4. Abusing drugs and/or alcohol
5. Suitcasing: placing contraband containers into the rectum (bum, ass) and then in the mouth
6. Blood-sharing ceremonies
7. Having unprotected sex with someone who uses IV drugs
8. Having anal, oral, vaginal sex without a latex condom or barrier



PRECAUTIONS TO LIVE HEALTHY

Wash Hands Regularly

- before preparing food and eating
- after using the bathroom
- after sneezing and coughing
- after taking off latex gloves
- after touching body fluids.

Hands should be washed with warm soapy water for at least 15 seconds. Use hand lotion to prevent skin from drying and chapping.

Wear Latex Gloves

- before coming into contact with blood and other body fluids (eg. when cleaning up spills, cleaning toilets, doing laundry, or touching open cuts/sores.
- When using tattooing inks and tools
- Helping someone shoot up

Gloves should not be reused.

Drugs

- shooting up can give you social and medical problems
- sharing needles or works for shooting any drug can spread diseases
- sharing and re-using your works, even if you clean them, still carries a risk for getting diseases

Always clean your needles or works with bleach before re-using.

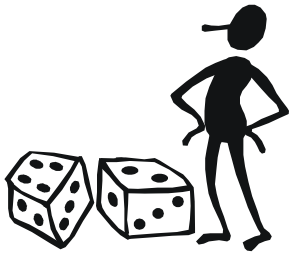
Tattoos/Body Piercing

- do not share needles, guns, guitar strings, staples, threads or inks.
- Always clean works with bleach before re-using.
- Always wear latex gloves when giving a tattoo or piercing someone's body.

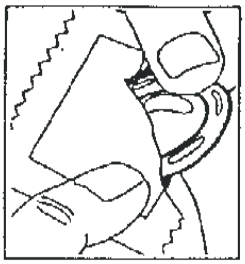
Safe/Safer Sex

- always use condom with a new partner
- choose condom made of latex
- talk with your partner about safer sex
- use latex barrier for oral/anal sex
- communicate/negotiate with your partner

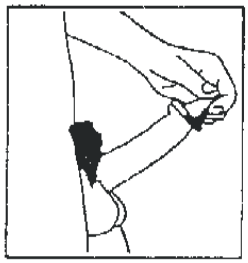
Don't Gamble use precautions



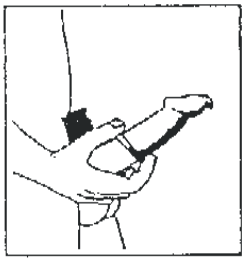
How to Use a Condom



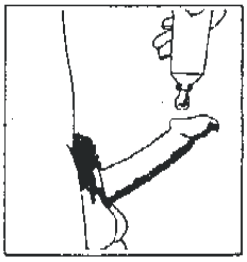
OPEN CAREFULLY
Once the penis is hard.
Be careful not to tear the condom (rubber) with your fingernails



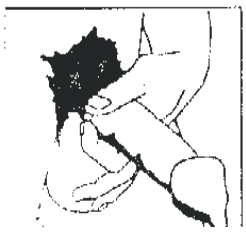
PLACE AND PINCH
Put the condom on your unlubed and hard penis. Pinch the air out of the tip. This will leave room at tip to catch the semen (cum)



ROLL IT
Unroll the condom right down to the base of your penis.

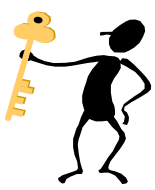


GET THE LUBE
Put lots on the outside of the condom. Make sure it's waterbased (like K-Y or Muco). Put a drop in the tip of rubber. This will make it feel more like you're having sex without a condom.



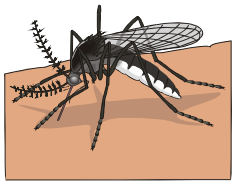
AFTERWARDS
Right after you cum, hold the base of the condom and pull out. Carefully take the condom off so nothing spills out. Throw the used condom away (but NOT in the toilet).

Condom = key to safer sex



MYTHS

YOU WON'T GET HIV FROM:



mosquitoes and other insects

toilet seats

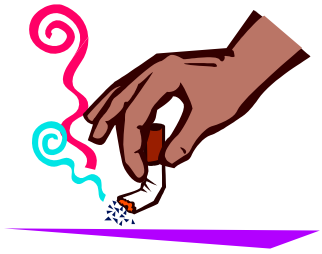
gym equipment

being on the same range

sharing cigarettes

sharing cups, plates, knives, forks

sharing towels



sharing the same cell or room

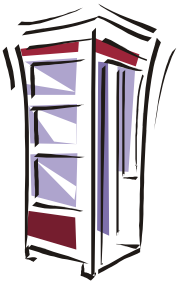
sneezing or coughing

dry kissing or necking

hugging or touching

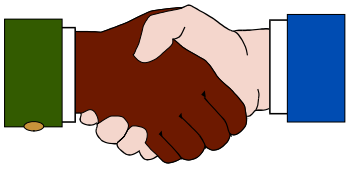
doorknobs

donating blood



public telephones

animals



shaking hands

sharing food

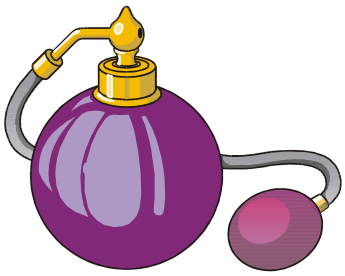
sharing showers

breathing the same air

ENEMIES OF LATEX

Vaseline

Baby Oil

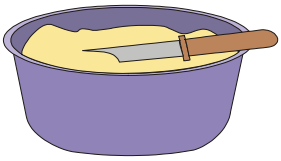


Animal Fats

Perfumes

Whipping Cream

Crisco / Vegetable Oil



Butter

Chocolate sauce

Hand Lotion / Beauty Creams

Olive Oil

Liqueurs

Peanut Butter

Mineral Oil / Suntan Oil / Massage Oil

LEVEL OF RISK

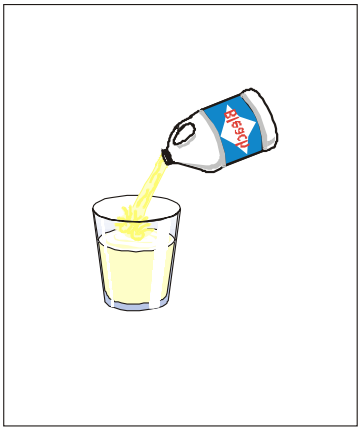
- ☞ Anal sex without a condom
- ☞ Vaginal sex without a condom
- ☞ Shared sex toys
- ☞ Pulling out before ejaculation without a condom

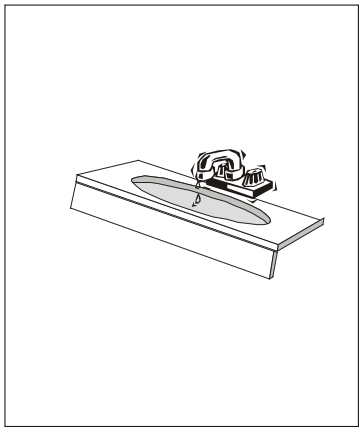
- ☞ Anal sex with condom
- ☞ Vaginal sex with condom
- ☞ Giving oral sex to a man, and taking ejaculation into your mouth
- ☞ Giving oral sex to a woman without a barrier

- ☞ Wet kissing
- ☞ Fingering (anal or vaginal)
- ☞ Having oral sex performed on you
- ☞ Giving oral sex to a man with condom or no ejaculation

- ☞ Masturbation
- ☞ Body licking and kissing
- ☞ Massaging/caressing
- ☞ Unshared sex toys
- ☞ Body rubbing
- ☞ Dry Kissing

CLEANING NEEDLES





Water:
Fill to the top with clean cold water. Empty the syringe. Do this at least 2 times.

Bleach:
Fill to the top with bleach. Leave the bleach in for at least 30 seconds. Empty the syringe. DO this at least 3 times.

Water:
Fill to the top with clean cold water. Empty the syringe. Do this at least 2 times.

IF YOU CHOOSE TO SHOOT UP….

Shooting up or injecting can be the riskiest way of getting stoned. HIV and other viruses like hepatitis B and C are passed on through sharing works (needles, syringes, cookers, filters, cotton, and water) used for shooting up. Viruses can be spread by infected blood – on the needle, in the syringe, or on any other works – getting into your body. You may not always see the blood.

The safest way is to use a new needle and syringe each time you shoot up. But if you must share, always clean the needle and syringe with bleach and water. Some needle exchanges can give you bottles of sterile water and bleach. If sterile water is not available, use boiled water if possible. Any brand of household bleach will do. Here's how to clean your needle and syringe:

Step 1

Fill the syringe completely with clean water. Shake the syringe for 30 seconds. Squirt out the water. Repeat this step twice, and use new water each time.

Step 2

Fill the syringe completely with full strength bleach. Shake the syringe for a least 30 seconds. Squirt out the bleach. Repeat this step at least twice, and use new bleach each time.

Step 3

In order to rinse the bleach out of the syringe, fill the syringe again with new water and shake the syringe for 30 seconds. Squirt out the water. repeat this step at least twice, and use new water each time.

Also, remember to clean you cooker (spoon) with bleach and water and use a new filter (for drawing the prepared drug into the syringe) every time. Contact your nearest exchange or AIDS organization for more information.

ILLNESSES RELATED TO INJECTING

Abscesses

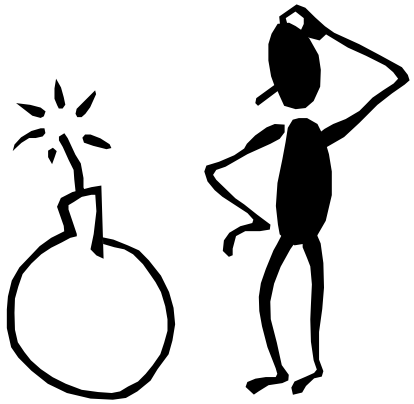
- Symptoms include swelling, redness, a hard lump or a pus-filled sore located near where you inject. Clean the abscess with soap and warm water, then dry the area and put on a bandage.
- See a doctor or visit a clinic or hospital. You may need to have the abscess drained and you may need to take antibiotics.

Blood Clot (Embolism)

- Symptoms include red, swollen and hard veins, tenderness and warmth. Blood clots can form in different parts of your body.
- It could also affect your brain, causing a stroke. If you feel numbness in any part of your body, dizziness, blurred vision or spots before your eyes, speech problems or shortness of breath go directly to a hospital emergency room.

Cotton Fever or "the bends" (Septicemia)

- Symptoms include high fever, chills, night sweats, vomiting, diarrhea, headache and sometimes confusion. These symptoms occur within a couple of hours after injecting.
- It is important to stay warm. Get someone to stay with you until these symptoms pass. Go to a clinic or hospital if these symptoms continue.



Heart Infection (Endocarditis)

- Symptoms include high fever, chest pain and bruising under the fingernails. See a doctor or go to a clinic or hospital as soon as any of these symptoms appear.

Bacterial Pneumonia

- Bacterial pneumonia is an infection of the tissue of your lungs.
- Symptoms include a sudden fever and a wet cough that produces mucus.
- Smoking increases your chances of getting pneumonia
- Bacterial pneumonia is treated with antibiotics. See a doctor or go to a clinic to get examined.

Cellulitis and Phlebitis

- Cellulite is a swelling of the skin and phlebitis is a swelling of a vein under the skin
- Symptoms include swelling, redness, pain or heat at an injection site or allover.
- If symptoms continue, you should see a doctor or visit a clinic or hospital to get treatment.

DISEASE 1	RISK BEHAVIOUR 2	TRANS-MISSION 3	CHRONIC CARRIER 4	PREVENTION 5	VACCINE 6
HEPATITIS A 1	**Unprotected oral/anal sex Fecal-oral** 2	**Fecal-oral Contaminated food Contaminated water** 3	**0%** 4	- ***LATEX BARRIER*** - **universal precautions** - **frequent handwashing** 5	**Yes (before travel to countries where common)** 6
HEPATITIS B 1	**IV drug use, tattoos, body piercing, unprotected sex, needle sticks** 2	**Blood and body fluids** 3	**5-10%** 4	- **Do not share works, rigs or tattoo eqpt.** - **Condoms** - ***Universal precautions*** - **Bleach to clean needles** 5	**Yes (3 step)** 6
HEPATITIS C 1	**IV drug use, tattoo, body piercing, intranasal drug use** 2	**Blood to blood** 3	**80%** 4	- **Do not share works, rigs or tattoo eqpt.** - **Do not share "snorting" eqpt.** - **Bleach to clean IVDU eqpt.** 5	**No** 6
HIV 1	**IV drug use, unprotected sex, mother to baby** 2	**Blood and body fluids** 3	**Active Virus** 4	- **Condom/dental dam** - **Do not share IVDU eqpt.** - **Universal Precautions** - **Bleach to clean IVDU eqpt.** 5	**No** 6
TB 1	**Poor living conditions, poor air exchange/ ventilation** 2	**Airborne** 3	**10% (develop active virus)** 4	- ***Adequate air exchange*** - **Healthy lifestyle** - **Cover mouth when coughing** 5	**Yes** 6

General Knowledge Questionnaire

Read each statement. In the blank, write “T” if you think statement is True and “F” if you think it is False.

1. Universal precautions should be used only when you know someone has a disease.
2. Tuberculosis (TB) is spread the same way as HIV/AIDS.
3. It is safe to share toothbrushes and razors.
4. It is okay for two guys who both have AIDS to share needles.
5. You can get TB by kissing someone with the disease.
6. You can get TB by using the same fork as someone with the disease.
7. Someone can have TB and not show any sings.
8. Domestic animals can transmit HIV.
9. Most people who get HIV in prison get it from fighting.
10. Only gay men and drug users get AIDS.
11. Vaseline or Crisco is a good lubricant to use with condoms.
12. Massaging/caressing and dry kissing are “safe” activities and cannot give you HIV/AIDS.
13. HIV must get into your bloodstream before it can infect you.
14. There are more cases of Hepatitis B and C in prisons than AIDS.
15. Brushing and flossing your teeth before sex (including oral sex) can increase your risk of getting HIV.
16. A condom should be put on before a man gets an erection.
17. TB can be cured.

18 A TB skin test is the first step to tell if someone has the disease.

19 Hepatitis A is a disease of the liver which can be spread through contact with infected feces.

20 Any body fluid with visible blood in it can give you HIV, Hepatitis B or C.

21 If you get blood in your mouth, you should rinse it out with bleach.

22 You can get HIV if you are exposed to a women's menstrual blood.

23 A mother can give HIV to her baby through breastfeeding.

24 You can get AIDS by sharing the same cell as someone who is infected.

25 There is a vaccine against Hepatitis C.

26 Needles/works cleaned with bleach will protect you 100% against HIV and Hepatitis.

27 Inks used for tattoos can be shared without risk.

28 The dishes and laundry of people infected with HIV must be done separately.

29 Condoms are available in prison.

30 Bleach is available in prison to clean needles/works/rigs.

General Knowledge Questionnaire Answer Key

1	F	11	F	21	F
2	F	12	T	22	T
3	F	13	T	23	T
4	F	14	T	24	F
5	F	15	T	25	F
6	F	16	F	26	F
7	T	17	T	27	F
8	F	18	T	28	F
9	F	19	T	29	T
10	F	20	T	30	T