

Staying Safe, Staying Negative: How some long term IDUs remain HCV uninfected

Pedro Mateu-Gelabert
Samuel R. Friedman
Milagros Sandoval



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Introduction

- There is a consensus on the limited efficacy of current programs in preventing HCV among IDUs.
- Staying safe research aims at discovering IDUs' knowledge, practices and strategies to remain HCV/HIV uninfected.

Staying Safe: Learning from the experts

We want to learn how IDUs avoid HIV and Hepatitis C infection after years of injection and with this knowledge develop new approaches to HCV prevention.

Methods

We are doing *Staying Safe* by conducting detailed life history interviews with long-term current IDUs who fall into *two* categories:

- (1) Doubly uninfected who are both HIV- and HCV-antibody negative;
- (2) Infected who are positive for HCV and perhaps HIV.

HCV infection highly prevalent among IDUs

Cities	HCV Prevalence	Years of injection
New York City (USA)	64-75%	6
New South Wales (Australia)	67%	8-15
Valencia (Spain)	74%	IDUs who enrolled in first treatment
London (UK)	69%	8-15

Addressing risk while injecting versus long term prevention

Long Term
Prevention

*Minimizes
frequency
of high-risk
events*

A blue arrow pointing from the 'Long Term Prevention' text to the 'Moments of injection risk' text. The arrow is a simple shape with a black outline and a blue fill, pointing to the right.

Moments of
injection
risk

Parallels between Overweight and Unsafe Injection

	Overweight	Injection
<i>Moments of risk</i>	Eating events	Injection events
<i>Obstacles to long term sustainability</i>		
<i>Physiological</i>	Hunger	Drug withdrawals
<i>Social</i>		
<i>a) Role Specific</i>	E.g. Need to attend corporate dinners	E.g. Need to share drugs due to money shortages
<i>b) Network related</i>	Family gatherings and celebrations	Injecting with sex partners
<i>c) Social</i>	Holidays, Christmas, Thanksgiving	Injecting in shooting galleries
<i>d) Environmental</i>	Only fast food available. No fresh produce	Scarcity of needles
<i>e) Environmental Change</i>	Interstate travel	Moving, going to jail

What some IDUs do to remain uninfected?

- I. Apply knowledge of HIV/HCV transmissibility to IDUs' risk situations
- II. Stay aware of threats to safe injection and practices to overcome them
- III. Develop and apply strategies to long term HIV & HCV avoidance
- IV. Think strategically and plan ahead

Applying knowledge on HIV/HCV to IDUs' risk situations

- a. How HIV and HCV are transmitted and blood as vector of infection.
- b. Awareness of basic virology (e.g. understanding needles and injection paraphernalia as repositories of viruses.
- c. The importance of hygienic conditions.
- d. You can't tell who is infected (e.g. IDUs high social prestige does not them safer)
- e. Venues of infection: sexual and injection.

IDUs applying knowledge ... leading to some prevention ideas...

- a. The importance of hygienic conditions.
Promoting “*Inject like a doctor*”
- b. Promote awareness of personal injection space “Injection Safety Zone” (ISZ)
- c. Engage IDUs in becoming virus barriers
- d. Venues of infection and degrees of risk: sexual and injection.

From IDUs' knowledge... some prevention ideas (cont.)

- e. Increase awareness regarding high risk involved in common “thought of as safe” practices
 - Sexual risk versus injection risk (e.g. HIV negative results for both partners does not mitigate HCV injection risk)
 - Relying on testing does not protect from infection
 - Judging serostatus by appearance (e.g. looks, health, social prestige or degrees of decency”)

Threats to safe injection and strategies to overcome them

- a. Withdrawal periods (e.g. avoiding dope sickness and managing its pitfalls)
- b. Scarcity of syringes (e.g. diversifying needles sources, diabetics)
- c. Injection networks: Embedding safer practices and support for them (e.g. collaborating, supplying sterile syringes).
- d. Institutions: Avoiding enhanced risk when institutionalized (incarcerated, halfway house).
- e. Homelessness (e.g. securing needle access, maintaining social support)

From IDUs' awareness of threats... some prevention ideas

- a. **Facilitating managing withdrawal periods**
 - Emergency methadone dosage available (24/7)
 - Facilitating use of detoxification, MMTPs and other treatments.
 - 24/7 hours drop-in detox centers

- b. **Avoiding syringe scarcity**
 - Facilitating syringe multisourcing and 24/7 availability
 - Drug dealers as public health partners in distributing clean needles (e.g. sentence reduction)
 - Enforce current laws (pharmacist to sell syringes, no arrest for needle carrying).
 - Expand ESAP and SEP: 24/7

- c. **Injection networks:**
 - Embedding safer practices in shooting galleries
 - Provide safe injection supplies
 - Public health “sentencing credit” for good shooting galleries

From IDUs' awareness of threats... some preventing ideas (cont.)

a. Institutions

- Make clean needles available in jails
- Facilitate methadone maintenance in prisons (currently available in Rikers and not upstate)
- How avoid enhanced risk when institutionalized

b. Homelessness

- Reducing homelessness among IDUs
- Create programs to facilitate reconnecting IDUs with their families.
- Facilitating maintaining social support or reestablishing social support
- Securing needle access in homeless shelters

Strategies to enhance safe injection long-term sustainability

- **Balancing Income and drug need**
 - Formula for Safe Injection: [Money>Drug Intake]
 - Regimenting addiction (e.g. “daily maintenance”, drug dosage)
 - Institutions: Accessing and make use of detoxification, MMTPs and other treatments.
- **Maintaining Social Relations**
 - Maintaining emotional ties
 - Periodic Visits
 - Avoiding financial overburdening
 - Making support networks aware of your needs and limitations

From IDUs *strategies...* *some prevention ideas*

- **Balancing Income and drug need**
 - Promote ways to control addiction. (e.g. Formula for Safe Injection: [Money>Drug Intake])
 - Teaching methods to regiment addiction (e.g. “daily maintenance”, dosage awareness, bingeing prevention)
 - Institutions: Facilitating Accessing and use of detoxification, MMTPs and other treatments.
- **Maintaining Social Relations**
 - Facilitating Maintaining emotional ties
 - Family support system in ways to understand, cope and help family members who are IDUs
- **Teaching Strategic Thinking**

Thinking-Planning-Action

Thinking Strategically

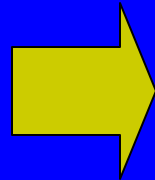
How I am going to inject safely?

What obstacles I might encounter?

*People

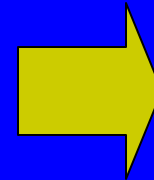
*Places

*Equipment



Plan Ahead

What actions should I take to overcome obstacles?



Take Action

Avoid situations
Avert risk

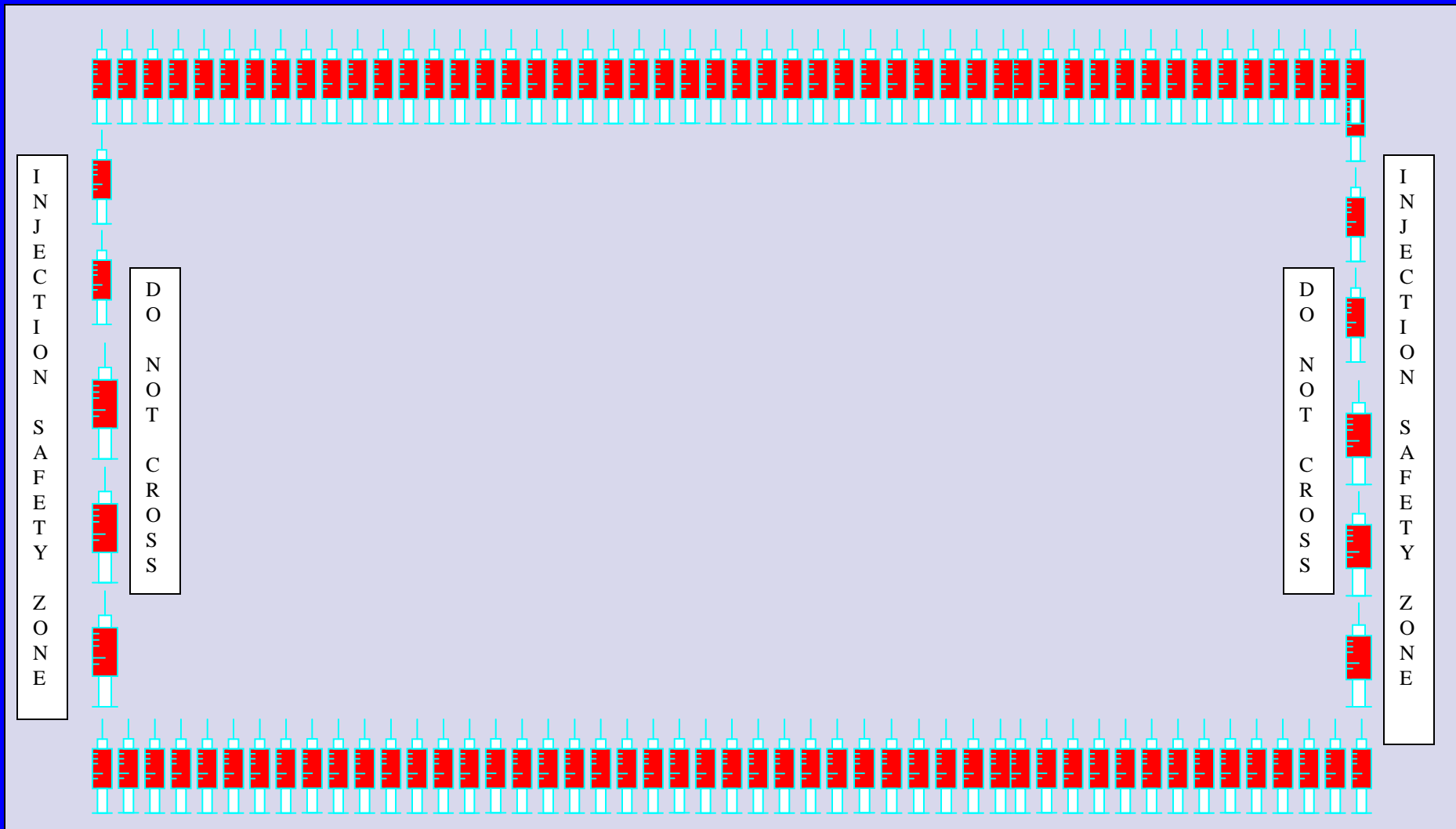
Planning Ahead (Daily, Weekly or Monthly Planner)

	<i>Ppl, Pls, Eq</i>	Problem	Solution
People (Ppl)			
Places (Pls)			
Equipment (Eq)			

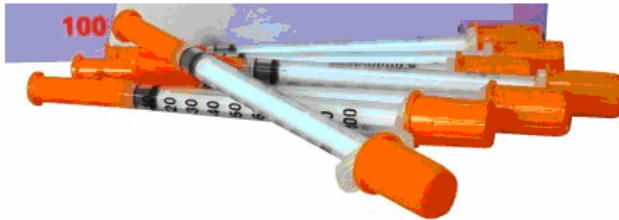
Some additional ideas...

Staying Safe Equipment

Safe Injection Mat



Staying Safe Equipment: iJector



Syringes Dispenser



Legal Reminder

1-800-IS-LEGAL



Tourniquet



Water



Cotton Filters



Lighter



Injection Mat



Bleach



Syringe Disposal



cooker