Staying Safe: Training Injection Drug Users in Strategies to avoid HCV and HIV infections

Pedro Mateu-Gelabert, Ph.D.
Samuel Friedman, Ph.D.
Milagros Sandoval

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Introduction

- We know little about how to prevent HCV among IDUs. This project aims to teach IDUs new ways to avoid infection.

- Our ideas come from hypotheses developed in an early study:
  - Positive deviance control-case life history: a method to develop grounded hypotheses about successful long-term avoidance of infection. BMC Public Health. 2008;8:94
  - How can hepatitis C be prevented in the long term? Int JDrug Policy. 2007;18:338-40
  - Strategies to Avoid Opiate Withdrawal: Implications for HCV and HIV Risks. Int JDrug Policy. 2009; In press
From Research to Prevention: Challenges

• Turning research findings into a teachable curriculum
• Creating a curriculum suitable and palatable to IDUs
• Delivering curriculum material in a didactical manner
Training Curriculum

● The primary goal of this workshop series is to teach IDUs new ways to prevent injection related infection and transmission of HIV and HCV.

● Participants will be encouraged to spread the safety strategies learned in this training to other in their networks and communities.

● Current trainer manual draft is 44 pages.
Objectives: Provide Strategies to...

- Apply HIV/HCV knowledge to different risk situations;
- Avoid (or safely cope) with threats to safe injection (withdrawal, needle/syringe shortages, risk networks, homelessness, hard times);
- Plan ahead in securing drugs and needles;
- Spend no more on drugs than they can afford;
- Be first line of defense to stop HIV and HCV transmission in their communities and
- Share information, resources and strategies with other injectors to help each other inject safely and avoid HIV and HCV transmission.
Curriculum Modules

I. Applying Knowledge About HIV and HCV Transmission to the Use of Injection Equipment
II. The Injection Ritual and Avoiding Cross-Contamination of Equipment
III. Threats to Safe Injection and Strategies to Overcome Them
IV. Thinking Strategically and Planning Ahead
Module I: Applying knowledge on HIV/HCV to IDUs’ risk situations

• Describe the basics of HIV and hepatitis C transmission and prevention in the context of injection drug use.

• Promote awareness of personal injection space “Injection Safety Zone” (ISZ)
Safe injection requires that *all* equipment used in fixing the drugs – including water, water containers, cookers, filters, and syringes – is non-contaminated.
Syringes

UNSAFE

Water

UNSAFE

Cotton

UNSAFE
Think of your Injection Zone as a safety perimeter, an Injection Safety Zone. Imagine a line surrounding your injection space that reads: VIRUS SAFETY ZONE – DO NOT CROSS

The use of the safe injection mat will illustrate how useful they can be in keeping safe while injecting in a group (establishing borders, hygiene and differentiating equipment).
Module II. The Injection Ritual and Avoiding Equipment Cross-Contamination
Vignettes on Injection Ritual

We use vignettes to illustrate potential HIV/HCV transmissibility during situations IDUs are likely to encounter.

*Sherry and Ric always inject with new sealed sterile syringes. They pool money to buy drugs. They mix heroin with water in Ric’s cooker and they both draw the drug using their sterile syringes.*

*Mike and Julia have their own needles, which they sometimes reuse. After coping drugs together they go to an abandoned building. They inject each using their own injection equipment (needle and cooker). They get the water from a bottle used by Julia in her previous injection.*
GROUP ACTIVITY

- Discuss in small groups injecting rituals (yours and those of other people with whom you’ve injected). Discuss how injecting practices change depending on:
  - State of mind (depressed, in withdrawal, on crack);
  - Available injection equipment;
  - Who one is injecting with (sex partner, friend); and
  - Where one is injecting (your apartment, shooting gallery).

- Identify which behaviors are safe and which behaviors put injectors at risk of HIV and/or HCV infection or transmitting one or both viruses to other people.

- A spokesperson for each small group will describe the risk behaviors that your group identified to the full group.
Module III: Threats to safe injection and strategies to overcome them

a. Drug Withdrawal
b. Needle shortages
c. Injecting with others
d. Losing Social Ties
e. Not taking care of oneself, stigma & hard times
f. Other threats (Losing a straight job or other income; Homelessness; Arrest and incarceration)

We here present on two of them (marked in red)
Drug Withdrawal

Periods of “dope sickness” are moments of exceptional vulnerability to HIV and HCV because they increase the likelihood of risky injection practices. Heroin withdrawal can increase injection risk by:

- (a) undermining willingness and ability to inject safely;
- (b) leading to injection in risky settings;
- (c) increasing the number of injection partners;
- seeking ad hoc partners for drug or syringe sharing.
Withdrawal coping strategies

Strategies to avoid withdrawal episodes:

- Saved a bag for the next morning
- Put aside additional drugs (e.g. stashing heroin not as a wake-up bag) to resort to in an emergency
- Stored methadone
- Put aside money for getting the next bag in an emergency
- Sniff the heroin rather than resort to unsafe needle
- Other strategies; resort to other activities to keep your mind out of the withdrawal (exercises, cold showers); use other substances (medication, painkillers, other drugs) to see you through
UGH! I USED ALL MY BACKUP LAST NIGHT, I FEEL LIKE SHIT!

WORD, YOU GOT A NEEDLE TOO?

HERE ARE YOUR BAGS

NAH MAN

HEY MEL! YOU GOT A NEEDLE I CAN USE? THE PHARMACY IS CLOSED...

HEY! I'LL GIVE YOU SOME DOPE IF I CAN USE A NEEDLE.

HEEY! I DON'T EVEN KNOW WHATS IN 'EM, JUST SNORT IT!

NO WAY!!

FUCK IT YOU'RE RIGHT, I'LL JUST SNORT IT.

NO MAN, I'M HCV POSITIVE, THERE'S NO WAY I'M GIVING YOU MY NEEDLE! TRY JOHNS' PLACE.
Long term withdrawal prevention: Managing the addiction

- Balancing Income and drug need. Not spending on drugs more than it can be afforded. 
  
  \textit{Cost of drug Intake < money available}

- Regimenting drug intake (e.g. “daily maintenance”, dosage awareness, bingeing prevention)

- Resorting to treatment programs when use “gets out of control”
Needle Shortages

Periods of needle shortage increase the likelihood of needle sharing. Strategies to have clean needles readily available when needed:

- Keeping clean needles as back up
- Storing safe needles
- Carrying multiple unused syringes
- Overstocking
- Attending Needle Exchange Programs
- Diversifying needles sources (Diabetics, Pharmacies, Multiple NEPs)
- Supplying and receiving sterile syringes to/from the people you inject with
Module IV: Think Strategically and Planning Ahead

- Encourage IDUs to think strategically and plan ahead avoiding foreseeable threats to safe injection.

- Making your injection network safer
Thinking - Planning - Action

**Thinking Strategically**

How I am going to inject safely?

What obstacles I might encounter?

*State of Mind

*People

*Places

*Equipment

**Plan Ahead**

What actions should I take to overcome obstacles?

**Take Action**

Avoid situations

Avert risk

Planning Ahead (e.g. Weekly Planner)

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<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
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<tr>
<td>State of mind</td>
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<td>People</td>
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<td>Equipment</td>
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Making Injection Networks Safer

- Carrying multiple unused syringes to provide to others as needed.
- Storing safe needles for yourself and others.
- Supplying and receiving sterile syringes to/from the people you inject with.
- Teaching others the risks of sharing needles and other injection equipment.