

Researchers look to reduce Hep C infections with "Staying safe intervention" for injecting drug users

February 17 2014, by Christopher James

(Medical Xpress)—Despite a number of social/behavioral intervention and educational programs, the spread of hepatitis C (HCV) in people who inject drugs (PWIDs) remains a chronic problem. Now, researchers affiliated with New York University's Center for Drug Use and HIV Research (CDUHR) are focusing on intervention strategies that highlight the lesser-known dangers of HCV transmission through the sharing of other injection equipment such as cookers, filters, drug-dilution water and water containers.

Their article, "The Staying Safe Intervention: Training People Who Inject Drugs in Strategies to Avoid Injection-Related HCV and HIV Infection," published in the 2014 March-April issue of *AIDS Education and Prevention*, explores the feasibility and efficacy of their "Staying Safe Intervention," a strengths-based social/behavioral intervention conducted with small groups of PWID, designed to facilitate long-term prevention of HIV and HCV.

"The Staying Safe Intervention seeks to reduce injection risk by intervening upstream in the causal chain of risk behaviors by modeling, training in, and motivating the use of strategies and practices of long-term risk-avoidance," said Dr. Pedro Mateu-Gelabert, the study's Principal Investigator, at the NYC-based National Development Research Institutes.

Dr. Mateu-Gelabert and his NDRI-CDUHR team evaluated 68 street-recruited injectors from the Lower East Side of Manhattan. The objective was to reduce participants' injection risk behaviors, empower and motivate behavioral change, and teach tactics to help reduce drug intake. The current program was built upon findings of their 2005 study, "Staying Safe," which looked at the behaviors and strategies of individuals who had injected drugs for long periods of time (8–15 years) but had not contracted HIV or HCV.

"The Staying Safe Intervention does not focus exclusively on the moment of injection," explains Dr. Mateu-Gelabert, "but on the upstream determinants of risk behavior, such as stigma, risk networks, social support and income, while encouraging injectors to plan ahead in order to better manage the drug-related risk contexts they are likely to face."

The social/behavioral intervention showed substantial improvement in motivation and planning to avoid injection-related risks, increased use of stigma management strategies, and decreases in drug withdrawal episodes (known to reduce safe injection practices) and number of weekly injections. The research team also noted that participants in the study have been spreading the word on safer drug use within their communities.

The Centers for Disease Control and Prevention estimate that not only do nine percent of new HIV infections originate from drug use, but 18 percent of PWID are HIV positive and up to 70-77 percent of PWIDs have HCV.

"Given the substantial reductions observed among Staying Safe participants in key injection-related [risk behaviors](#) associated with HCV transmission, the Staying Safe Intervention may have the potential to contribute to sufficient additional risk reduction to help address the

seemingly intractable rates of HCV transmission among PWID," said Dr. Mateu-Gelabert.

Currently, Dr. Mateu-Gelabert's team is researching HCV and HIV risk associated with nonmedical prescription opioid use. Future research will evaluate the effectiveness of the Staying Safe Intervention in preventing HIV and hepatitis C infection among young prescription opioid users who have transitioned to heroin injection. "The goal is to implement the Staying Safe approach with this new generation of young injectors, so they do not get infected with HIV or HCV," said Dr. Guarino, a Co-investigator in the project.

Provided by New York University

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