Survey Final Report

Developing and testing a psychosocial intervention to reduce hepatitis C sexual and drug taking risk behaviors and increase hepatitis C transmission knowledge among female drug users in Europe

The development of the REDUCE psychosocial intervention was based on a European best practice survey, a systematic review of the existing literature, and expert knowledge.

5.1 European best practice survey

5.1.1 Objectives

To determine the range of HCV prevention strategies across Europe a survey was designed to identify best practice to reduce HCV risk behaviours and increase HCV transmission knowledge among female drug users which was sent to key stakeholders from the European Union.

5.1.2 Methods

The identification of key stakeholders was facilitated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Dagmar Hedrich (Head of the Health and Social Responses Sector at EMCDDA) recommended contact with The CORRELATION network – European Network Social Inclusion & Health (c/o Foundation De REGENBOOG GROEP) for assistance with distribution of the REDUCE best practice survey. The general objective of

project CORRELATION, funded from 2005 by the Health Programme of the European Commission, was to improve the health and social inclusion of marginalised and vulnerable groups - including drug users, sex workers, undocumented migrants and young people at risk. The project has more than 100 partners in most European countries. Partners are service providers, grass-root organisations, research institutes, self-help groups and advocacy groups. In 2012 it ran a special project whose aim was to initiate and sustain the HCV network.

The REDUCE best practice survey was disseminated to key stakeholders by the CORRELATION network administration. The network consists of 465 e-mail addresses from the majority of European countries. In the first wave of dissemination, the REDUCE team received very few responses however, following a reminder further responses were received. In total, 27 responses from 19 countries were provided by the CORRELATION network.

In addition the International Network on Hepatitis in Substance Users (INHSU) was approached and agreed to distribute the questionnaire. Unfortunately, despite a reminder only one response was provided through INHSU.

In order to ensure at least one response from each European country the CORRELATION network was approached a second time and asked to provide email addresses of stakeholders from those EU countries from whom no response had been provided. Fifteen messages with requests to complete the questionnaire were forwarded by the network.

5.1.3 Results

In total, 36 countries were approached and 31 responses were received from 22 countries across Europe (see Table X). However two respondents (from Armenia and England) did not submit a completed questionnaire but rather a brief description of the situation in each country.

Table 1 REDUCE best practice survey respondents by country

Country	Number of responses
Albania	1
Armenia	1
Bulgaria	2
England	2
Estonia	1
France	1
Georgia	1
Germany	3
Italy	2
Latvia	1
Macedonia	1
Norway	2
Poland	1
Portugal	2
Romania	1
Scotland	1
Serbia	2
Slovakia	1
Slovenia	1

Country	Number of responses
Switzerland	1
The Netherlands	2
Ukraine	1

Organisations

The majority of questionnaires were mainly completed by non-governmental organisations (NGO) whose objectives are to help drug users and/or prevent infectious diseases. Further responses were received from organisations that offer harm reduction measures and representatives of the medical sector. Of the 22 different countries that completed at least one questionnaire - 14 reported that some type of psycho-social intervention was offered to substance users to reduce HCV risk behaviours and/or increase HCV transmission knowledge. In total 18 interventions were considered in the review of best practice[1].

Variety of activities aimed at drug users to reduce HCV

All participating countries offered written and visual information on HCV risks and transmission (e.g. pamphlets/posters), and the provision of needle exchange and sterile injecting equipment. Outreach services are offered also in almost all countries (exceptions are Macedonia and Slovenia). Injecting rooms were provided in Germany, the Netherlands, Norway, Switzerland, and Spain. Further activities reportedly offered to substance users in relation to reducing HCV risk behaviours and/or increasing HCV transmission knowledge included:

[1] Italy, Portugal and Germany described more than one intervention in their respective countries.

- peer interventions
- condom distribution
- HCV testing for homeless populations
- treatment and education for HCV positive patients to reduce transmission.

Characteristics of HCV psycho-social interventions

For the purposes of this study a psycho-social intervention was defined as any non-pharmacological intervention aimed at changing patients' knowledge, attitudes, behaviours or environment in order to reduce HCV risk. In many countries, interventions were embedded in the day-to-day practise of care units (e.g. Germany, Poland, Switzerland, Latvia and Macedonia).

Specific objectives of interventions

Most of the reported objectives of the interventions relate to harm reduction in the context of drug users' health, including some objectives not directly related to HCV prevention. The following objectives were specified:

- to prevent the initiation of injecting
- to promote adoption of low risk behaviours
- to enhance the competencies of drug users with regard to safer injection practices
- to increase information on the risk of infection connected with drug consumption

- to reduce drug related harms to drug users and to society, especially risk of hepatitis and HIV
- to provide testing
- to motivate drug users to engage in treatment
- to provide access to health and social services
- to educate drug users for active citizenship
- to combat social exclusion
- to assist in problem solving
- to enhance participants' self-esteem

Who can refer clients to the interventions?

It is primarily NGOs that deliver the interventions to drug users and various public health service bodies that referred patients to the interventions. Among the latter were both specialised (e.g. drug treatment centres, harm reduction services, drug counselling units, psychiatric units, services for homeless people) and general facilities (e.g. hospitals and health centres). Additional referral sources were social workers, probation officers, physicians, police, other clients and local authorities. In some countries clients could self-refer (e.g. Italy).

Intervention Providers

The majority of interventions were delivered by social workers, outreach workers, nurses and psychologists. Fewer interventions were provided by physicians. Other professionals included professional educators, cultural mediators, nursing students and addiction therapists.

Major approaches/methods used in the intervention

The most frequent methods used in interventions were individual advice and guidance (n=17), and education and information (n=17). Additional methods included were motivational interviewing (n=9), skills building (n=9), peer approaches (n=8), group work (n=7), legal advice (n=6) and brief interventions (n=5). Fewer interventions employed home visits (n=3) or cognitive behavioural therapy approaches (n=3).

Intervention Settings

The reported interventions were delivered most often in those settings where drug use occurs (e.g. street, park, other settings) (n=11). Further intervention settings included counselling units (n=6), hospitals (n=5), prison (n=3), the workplace (n=3) and the family (n=2). Other settings included low threshold centres, outreach buses, homeless shelters, private flats and centres for prevention and treatment of drug addiction.

Duration and frequency of interventions

The vast majority of respondents did not specify the duration of the interventions, stating rather that duration depends on the clients' needs. Where reported, the duration of one session varied from 5 to 120 minutes. The number of sessions was not routinely reported.

Consideration of the specific needs of female drug users in intervention designs

Seven respondents reported that their interventions considered and addressed the needs of female drug users. Respondents noted that women very often had

problems finding their veins and for this reason they needed help with injecting. In addition, females are often injected by males in the first instance before moving on to injecting themselves. Consequently women should be empowered to buy their own drugs and taught how to inject safely. Further problems specific to female drug users are connected with the social position and environment of women. They are in the minority in the drug scene and were therefore more difficult to reach. They often worked as prostitutes to earn money for drugs, and were sometimes victims of bullying and violence. Women struggled with family problems and were invariably the main childcare provider. It is with these circumstances in mind that female drug users required assistance.

Interventions

Only seven interventions were provided for review by the REDUCE team, none of which had been tested using randomised controlled trial methodology. These were:

Break the cycle (BTC): Albania

The BTC approach is a simple intervention which aims to reduce the number of new drug users who begin injecting. The methodology is based on evidence that:

- Current injectors play an important role in non-injecting drug users' decision to try injecting.
- Most people who inject disapprove of initiating others into injecting.

- Current injectors do not always realize that they may be increasing the chances of someone else's decision to try injecting.

The approach works by reducing:

- Injecting in front of non-injectors
- Discussion about injecting – especially about its benefits with people who are at risk of trying it
- Blood-borne viral infection risks (HIV, HBV & HCV).
- Other health problems caused by injecting
- Overdose deaths
- The number of IDUs, which is also associated with higher level of dependence.

The BTC intervention was implemented in methadone maintenance treatment centres (MMT) and also targeted street IDUs where it was delivered on a daily basis and offered a range of information materials. Information on BTC was provided through focus groups conducted within drug using communities as well as in the MMT centres and was delivered by outreach staff and a Needle Exchange Program Coordinator. Group participants included Roma IDUs, trans-genders, sex workers, and persons who are particularly vulnerable and prone to injecting drugs. A female outreach worker was employed to reach female IDUs in order to provide counselling and BTC information materials. In addition, outreach workers and the psychologist were able to identify new areas where injecting occurs and new contacts were established. Information and condoms were provided to those who are sexually active.

FiP-C, short interventions to prevent transmission of HCV, Germany

The objectives of the intervention are to promote blood awareness, to raise the level of information about special and hidden risks of infection through drug consumption, and to support self-competency to protect the participating individual and other drug users. The short intervention includes the following topics:

- alternatives to injecting: safer snorting/inhaling
- hand hygiene/ hand washing
- use of dry swabs and alcohol swabs
- hygiene in daily life (household)
- individual risk assessment
- information on HAV and HBV vaccinations.

Orienta donna, Italy

This is a specialist project conducted in the drop-in centre in Turin. The service is open each morning and clients are able to take a shower, do laundry, drink coffee and offered breakfast. In addition, the service offers a needle and syringe exchange, and counselling. Some space is reserved for women who tend to develop significant relationships with female staff and are encouraged to develop support groups.

Protect Yourself Program, Slovakia

The aims of the program are to support the human rights of vulnerable communities (e.g. people who inject drugs or street sex-workers) and to enable them to protect their health by providing services based on harm reduction

principles. These aims have contributed to reducing the risk of HIV, HCV, HBV and other blood borne/sexually transmitted diseases; and improved the quality of life of IDUs through counselling, low-threshold HIV, HCV, TB and syphilis testing, distribution of education materials and other services.

Complex management of HCV infection in drug users, Slovenia

A national network of 18 drug addiction centres and 5 viral hepatitis centres was established in 2007. In accordance with the national Slovenian guidelines for the management of HCV infection in IDUs on maintenance treatment, a multidisciplinary team of addiction specialists, infection specialists, sub-specialist psychiatrists/therapists, counsellors (nurses/social worker) and peers (former IDUs HCV-positive), and other supporters (family, friends, co-workers) has existed since 2007 to prevent the further transmission of HCV infections among IDUs and to manage HCV-positive IDUs. The service providers receive targeted education via annual national conferences on HCV infections in IDUs (since 2006), manuals, brochures and guidelines. They in turn provide advice on infection prevention, offer HBV vaccination and provide routine HCV testing every six months or in cases of possible acute infection. They manage each HCV positive IDU and prepare and evaluate the client to increase their readiness for HCV treatment. Special emphasis is placed on counselling for HCV treatment and to prevent HCV transmission. In particular, clients' psychiatric condition is evaluated prior to and during HCV treatment and close follow-up is carried out with those clients who have psychiatric disorders.

ERLI's Project – educational programme for injecting drug users, France

ERLI aims to provide practical education and training in order to improve both risk awareness and injection techniques, thus reducing the risks associated with injecting. The programme's objectives are to help participants'

- adopt safer injection practices with specific regard to the risk of viral infection (HCV in particular) and other related venous damage
- strengthen participants' competencies with regard to safer injection practices
- facilitate access to healthcare and testing services
- foster community-based engagement for their own health and that of their peers.

A number of educational sessions are offered to individual IDUs within the framework of the project. Sessions are managed by a dual professional team including one educator and one nurse (ERLI team). The protocol of each session is such that: IDUs are invited to inject with their own drug under supervision of the ERLI team, the ERLI team is able to monitor IDU's real-world injecting practices in order to better understand how they manage risky situations, and an interactive discussion between the IDU and ERLI team takes place regarding risk reduction. Professionals and drug users can strengthen competencies regarding injection by sharing their experiences and their knowledge.

<u>Peer to Peer Education Pilot among Injecting Drug Users, Scotland</u>

There is a high prevalence of HCV infection among injecting drug users in Scotland and reported rates of injecting equipment sharing remains high. Previous research among injecting drug users has highlighted low levels of knowledge and awareness of HCV and the steps that can be taken to prevent transmission. This project addresses these issues by piloting the delivery of HCV prevention and harm reduction messages by trained and supported peers within the context of existing addiction and harm reduction service provision in Scotland. This was a pilot study and has not been rolled out across Scotland as yet. Current and ex-IDUs (peer educators) are identified by addiction and harm reduction services and are trained in the delivery of 6 key HCV prevention and harm reduction messages. As part of the assessment of the programme's effectiveness, peers are encouraged to present to services where their awareness of the 6 key messages is assessed along with their other information and support needs, in addition to their interest in training as a peer educator.