

Hepatitis C among drug users

Survey, development of prevention strategy, screening and monitoring



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Among the populations concerned, drug users (DUs) are a key audience to control the endemic. Some risky behaviours and lack of information make them a vulnerable population and the level of reinfection is generally higher than the estimates of the general population.

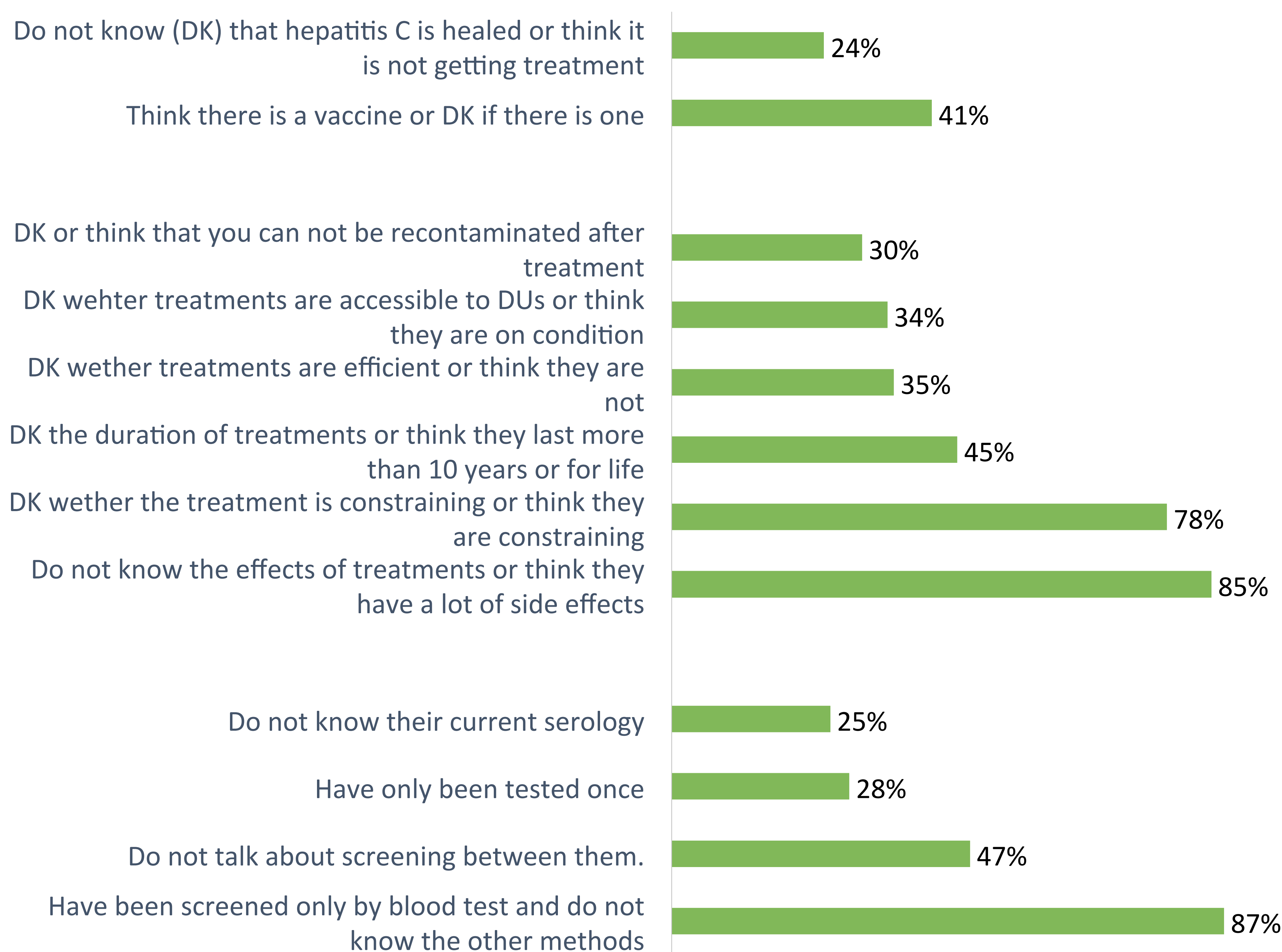
Objectives

- To identify:
 - levels of awareness, knowledge
 - perceptions and representations of hepatitis C and its treatment by drug users.
- To determine:
 - screening rates,
 - the information needs of users on the disease,
 - opportunities for prevention, screening and treatment.

General characteristic of the population (N=163)

| Gender | |
|--|--|
| • Man | 72 % |
| • Women | 28 % |
| Living area | |
| • Urban | 33 % |
| • Semi-urban | 18 % |
| • Rural | 49 % |
| Consume since | 69 % of DUs consume since more than 6 years |
| • Less than a year | 15 % |
| • Between 1 and 5 years | 16 % |
| • Between 6 and 10 years | 19 % |
| • More than 10 years | 50 % |
| How they consume | 82 % of DUs are injectors |
| • Injection only | 50 % |
| • Injection and/or snort and/or Inhalation | 32 % |
| • Non-injectors but or snort and/or Inhalation | 18 % |
| Consumption behaviour | |
| • Alone | 42 % |
| • Alone and within a group | 35 % |
| • Within a group only | 23 % |
| HR experience | |
| • HR association | 33 % |
| • Remote HR | 29 % |
| • HR association + remote HR | 38 % |

Results



Finding a general misunderstanding of the disease, its current treatments and available screening tools.

The information returned by the DUs is vague and poorly assimilated and corresponds to old realities.

Most DUs have heard of hepatitis C (99%) and screening (92%) from professional sources (57% and 89% respectively), however, information remains unclear and poorly assimilated: 41% believe that there is a vaccine or do not know if there is one, a large majority, 78%, do not know if the treatments are constraining or think they have a lot of side effects (85%). In addition, 45% of DUs believe that treatments last more than 10 years or even for life. Finally, the majority of respondents (87%) were screened only by blood tests. These results could be explained by the fact that the information given to users is old. In fact, 72% of DUs say they last received information about hepatitis C and screening (52%) more than 6 years ago.

In addition, statistical independence tests distinguish three categories of DUs that appear to be less knowledgeable about hepatitis C, its screening and its treatment: women, those living in rural and semi-urban areas, and those who do not inject.

Thus, women know less than expected that HCV can be treated. In addition, they think more than expected that the treatment has side effects and is constraining. DUs living in rural areas do not know if consumer tools such as filters, cups, water, can be vectors of contamination. DUs living in rural and semi-urban areas do not know where to go to get screened, and those who live in semi-urban areas do not know if recontamination is possible. Insufficient access to harm reduction devices (HRDs) may explain this trend. In fact, fewer women who frequent the HR system (ENa-CAARUD 2012 survey, the 2012 Addiction Federation survey), as well as the rural and semi-urban DUs where the HR offer is limited, are less reached by HCV information and prevention messages.

Despite finding high rates of HCV contamination among non-injectors (NIs) (lower prevalence rate than injectors but higher than estimated rates in the general population) (Lert F 2006) we observe a lack of information among this audience. For example, they do not know if hepatitis C is a serious disease and do not know if HCV is being cured. NIs who have been screened are usually only given once and they don't know about their serology. Information and prevention messages may target and / or affect more the injectors audience.

Conclusion

The preliminary results show that it is important to develop prevention and information campaigns as well as new screening procedures, adapted to DUs, in order to remove the existing obstacles resulting, most of the time, from knowledge or old perceptions about the disease and its treatment. These programs should also be adapted to different audiences. Dissemination strategies should also be organized to reach the most remote audiences from HR services. It would also seem necessary to massively propose new alternatives to screening by blood sampling (dried blot spot test, molecular TROD). Indeed, nearly 89% of users say they agree to be screened by the dried blot spot test.