Rural Risk Environment for Hepatitis C: A Qualitative Study of Young Adults Who Use Drugs in Appalachian Kentucky

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Extant literature in the U.S. mainly focuses on urban environments. Appalachian Kentucky is at the epicenter of epidemics of opioid misuse and related harms (HCV, overdose). Prior studies demonstrate roles of social networks in HCV transmission and injection risk behaviors among people who inject drugs (PWID) in Appalachia Kentucky (e.g. Havens et al. 2013; Young et al. 2013, 2014).
**Presentation Aims**

**Aim 1.** Guided by Rhodes’ Risk Environment Model, examine how features of the social environment shape vulnerabilities to HCV and HIV transmission across ecologic levels in a rural setting (Rhodes 2002; 2009)

**Aim 2.** Discuss implications for harm reduction interventions
Methods

• **Eligibility criteria:** recent use (past 30 days) of heroin or prescription opioids (POs) to get high; aged 18-34; live in one of five rural counties in Eastern Kentucky.

• **Recruitment:** combination of street outreach and peer-driven recruitment strategies.
  - Poster #71 covers this in depth.

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Methods

• **Data collection:** exploratory, in-depth qualitative interviews about participants’ perceptions of the local risk environment and its relationship to vulnerability to HCV, HIV, and overdose.

• **Analysis**
  - Audio-files transcribed verbatim and doubled coded
  - Thematic analysis conducted in Nvivo v.11
Participant Characteristics

**Participant Demographics**
- 19 non-Hispanic white adults
- 42% (n=8) women & 58% (n=11) men
- Mean age = 26 years (range 18-34 years)
- Lived in study area for avg. of 11 years (range 0.5-27 years)
- Reported knowing an average of **41 people** in the study area who used heroin and/or POs

**Self-reported drug use among sample in past 30 days**
- 81.3%(n=13) reported injecting at least one type of drug in past 30 days
- 90% reported recent use of POs
- 47% reported using heroin
- Other drugs: methamphetamine, cocaine, sedatives

**Features of Social Environment**

- **Community Level**
  - Fatalism
  - Stigma toward PWUD, overdose, and HIV
  - Lack of social enrichment across lifespan
  - Absence of community activism

- **Networks of People who use drugs (PWUD)**
  - Low knowledge of HCV/HIV risks
  - Injecting norms
  - Fear of police
  - Interfamilial drug use

- **Individual behaviors**
  - Sharing equipment
  - Bleaching/cleaning equipment
  - Rushing injections
  - Condomless sex
  - Reluctance to seek testing & Tx
I know a couple of my friends that share needles. They don’t care at all. They could give two shits. [They] do not go the extra mile to protect themselves against that stuff [HCV or HIV]. They just don’t care. They think it’s inevitable.

- 27 year old woman

“You could probably ask a lot of people, ‘what do you think of people that use needles, you know?’

...If they OD, they deserve to die.

That’s a lot of peoples’ attitude towards it. Everybody’s judgmental, and it just keeps you from reaching out.”

- 25 year old woman
It’s just people that, who are, you know, from here just get tired of, the same old, everyday routine and the same things you know...so they opt to do drugs as their coping method.

-34 year old woman

People haven’t been exposed to that side of us... We are not all bad people. Some of the best people that I have met have had an addiction. We know what it is like to have absolutely nothing.

An [PWUD] will usually reach out to help you before somebody who has never had a problem, at least in my experience.

--27 year old woman
“And...people don’t understand this either...

...Even if you’re not taking somebody else’s needle and putting it into your body...if you’re sharing their cotton that they just used, it’s the same thing.”

- 25 year old woman

“You used to never hear about people using needles. And now, that is all you hear about. It used to be hidden... you’d go behind closed doors ...you didn’t tell anybody.

And now, it’s like you walk in and people are sitting at the kitchen table with a spoon and it is sad.

... My generation has made this acceptable. It is sad but it is true. We are almost 30 and we are a society of j***ies. It is not acceptable.”

- 27 year old woman
“I moved to Louisville with my brother and my Dad.... it was just drugs, drugs, drugs, drugs, you know... I am not strong minded enough to be sober with two other people that are nodding off.”

- 18 year old man

There’s a city police station on Main Street, and then there’s – the sheriff’s office is like a thousand feet from the one on Main Street, and then you’ve got your state police barracks up, like, smack in the middle of town. It could be – like I said, it [SEP] could be a setup. They could go in, exchange their needle.

You feel like you’re all [SEP staff] going to test it [needle], find residue, call the cops; and they get arrested walking out the shop. A lot of people fear that.

- 25 year old man
Lack of access to sterile syringes

- Participants reported lack of access to clean syringes, despite acknowledging risks of sharing.

- Sources of syringes:
  - Dealers
  - Diabetic friends or family members
  - Littered syringes in trap houses or public spaces
  - Pharmacies
  - Few reported using newly established SEP with mixed reporting on access and satisfaction

- KY legalized SEPs in 2015
  - Health-department operated
  - Expanding significantly in study area

How features of social environment influence individual risk behaviors

- Fatalism
- Stigma toward PWUD, overdose, and HIV
- Lack of social enrichment across lifespan
- Absence of community activism
- Injecting norms
- Fear of police
- Interfamilial drug use
- Gender/power dynamics

Reported Risk Behaviors

- Sharing syringes and equipment
- Bleaching/cleaning/re-using equipment
- Condomless sex
- Reluctance for HIV and HCV testing
- Reduced use of SEP
- Medical Service utilization
**Implications for interventions**

1. Inform SEP Implementation:
   - Satellite and secondary exchanges to leverage social networks of PWUD to expand reach, access, and utilization of SEP services
   - Education and trainings for law enforcement
   - Public/community education on benefits and urgency of SEPs and as mode for drug treatment outreach

2. Targeted health education for young adults and families on HCV and HIV transmission risk
   - PWUD education on perils of sharing cookers, cottons, water

**Implications for public health interventions**

3. Advance local advocacy and community organizing for PWUD
   - Organize local events, cookouts, and community forums to support PWUD and sex workers.
   - Collaborations with national and regional harm reduction organizations to build capacity for organizing
   - Advocate for social enrichment programs for children and young adults

4. Stigma reduction interventions around substance misuse, HCV, HIV, and ODs
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References


References


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