

AN INTERACTIVE HARM REDUCTION INTERVENTION AIMED TO REDUCE HEPATITIS C INFECTION, REINFECTION, AND OVERDOSE AMONGST PEOPLE WHO INJECT DRUGS THROUGH BEHAVIOUR CHANGE

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Background:

The North East (NE) of England currently has the highest documented cases of reinfection of Hepatitis C and Drug Related Deaths in England.

A Peer Support Lead (PSL) was recruited to deliver reinfection programme supporting patients with at least one prior treatment episode for Hepatitis C in this region. The team in the NE had an existing hypothesis for reasons for reinfection which was evidenced through the PSL's discovery of anecdotal reports of risk-taking behaviour during injecting drug use that may lead or contribute to Hepatitis C transmission or severe harm.

From 79 patients on caseload potential transmission routes and/or causes of overdose included sharing of water during drug preparation and a general lack of understanding in this area, polydrug use, sharing other injecting paraphernalia, purchasing pre-prepared syringes and an increase in overall injecting due to a perceived increase in high purity Cocaine availability.

It is acknowledged through Dame Carol Black's independent review of Drugs that in the UK Harm Reduction services have been significantly reduced. In suburban or rural settings patients report inadequate or no access to services which could have led to a lack of harm reduction education amongst people who inject drugs.

Methods:

An organisational focus group developed an interactive intervention that visually displays an image of a typical communal drug-using setting illustrating eight key risks associated with Hepatitis C transmission and overdose. This is designed to be used in group or individual sessions with the aim of the patient understanding the risks shown and practicing or sharing safer drug using techniques thereafter. A visual tool through spoken intervention was chosen as this is likely to be processed more easily and is suitable for varying levels of literacy.

Results:

An established artist in the field of substance misuse worked with the group to develop the intervention. The intervention will be carried out by anyone supporting someone who may be injecting drugs. Supporting guidance has been published as well as a video demonstration to encourage the facilitation of the intervention in a meaningful and focused way which is more likely to lead to behaviour change.

Conclusion:

The intervention is currently being delivered as a trial across peer programmes by the Hepatitis C Trust staff and peers. Stakeholders have so far provided positive feedback with patient engagement being high amongst those who have been asked to complete the intervention; 17 patients asked all participated and identified risks they were unaware of prior to the session. A key trend reported to date is a lack of understanding or knowledge about sharing different types of water with 13 of 17 patients not identifying this without discussion.

A questionnaire aimed to provide quantitative data has been formed alongside the intervention with an aim to determine any change in knowledge and long-term behaviour.

Disclosure of Interest Statement:

The Hepatitis C Trust has received funding from The Newcastle upon Tyne Hospitals NHS Foundation Trust to enable the delivery of the programme. Further funding supporting the overall funding of the NE programme has been received via the NHS England elimination agenda through Abbvie inc.