

STAYING SAFE: ACCEPTABILITY AND POST-INTERVENTION OUTCOMES OF AN RCT EVALUATING A HARM REDUCTION INTERVENTION FOR YOUNG PWID

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Background: During the ongoing opioid epidemic, rates of drug injection, acute HCV and overdose have increased significantly among young people in the U.S. Staying Safe (Ssafe), an interactive, group-based intervention (4 2 ½-hour sessions) motivates and trains young PWID in planning skills and other strategies to avoid HCV and overdose.

Methods: An RCT to evaluate Ssafe enrolled 169 participants who: were 18-29 years old; reported using opioids 12+ times in the past 30 days; tested opioid-positive on a urine drug screen; reported injecting drugs at least once in the past 6 months; and tested HIV and HCV negative. Participants were randomly assigned to Ssafe (n=83) or a time- and attention-matched control intervention (n=86). Participants' HCV and overdose knowledge and self-efficacy to avoid injection risk were assessed at baseline and post-intervention; differences in the amount of change in these items from baseline to post-intervention were tested in mixed-effects models.

Results: Participants (mean age=25.2) were 69% male, 31% Hispanic, 55% Non-Hispanic White and 5% Non-Hispanic Black/Multiracial. At baseline, 31% were homeless, 91% met DSM-V criteria for severe OUD and 55% had a history of overdose. Most participants attended at least one intervention session (77% Ssafe, 74% Control), and over half attended 3 or more sessions (55% Ssafe, 56% Control). Participants rated both interventions favorably (positive/strongly positive ratings across 9 acceptability items: 85% Ssafe, 86% Control). Knowledge gains from baseline to post-intervention were not significantly different between Ssafe and Control participants, but both groups scored highly in HCV and overdose knowledge. Ssafe participants showed significantly greater improvement than Control participants in some measures of self-efficacy to avoid injection risk.

Conclusion: Young PWID found Ssafe highly acceptable. The modest improvements in self-efficacy to avoid injection risk suggest the intervention's potential to promote risk-reduction when implemented alongside other harm reduction measures (syringe exchange, MOUD, etc.).

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