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« Injection :
Comment articuler prévention,
éducation et réduction des risques ? »



**Break the cycle
transitions vers d'autres
modes d'administration**



Drugs, rights, harms: my beliefs and values

- **A right to use drugs**

- Adults should be able to make informed choices about what they ingest (any drug) and how they ingest it (swallow, sniff, smoke, inject).
- In other words, I absolutely oppose drug prohibition

- **Drugs, pleasure and harms**

- Drug use has provided considerable enjoyment for many people over millennia and will continue to do so. France is a drug-taking society and many people value the experience of using drugs
- The harms associated with drug taking cause loss of life, ill-health and human misery and should be minimised
- All drug use carries risk, but heroin injecting is one of the riskiest forms of drug use

Harm reduction: my beliefs and values

- Harm reduction programmes such as needle syringe, naloxone programmes, drug consumption rooms, opioid substitution therapy, heroin prescribing are an essential part of our response
- Harm reduction programmes are beneficial but do not completely eliminate harm
- Removing drug prohibition could reduce drug related harms but is not going to happen any time soon
- Our responses need to address the current situation in which many drugs are prohibited

Prevention and harm reduction: my beliefs/values

- Primary prevention would minimise harms most effectively. Unfortunately, evidence that we can achieve this is limited. Consequently, I do not focus my own energies in this area
- If we could prevent or discourage injecting, this would complement other harm reduction programmes. There are some signs that we can sometimes achieve gains in this area
- Drug scenes vary immensely from place to place and our responses have to be adapted accordingly
- I make no assumptions about whether these ideas are applicable within the French context, but I appreciate the opportunity to discuss this question with you



So what do we know?



The way individual people use heroin, amphetamines, cocaine etc varies with time

- People change the ways they use their drugs and do not always remain faithful to one method.
- Some people use heroin, cocaine and amphetamines for years and never inject
- Some people switch to injecting
- Injectors sometimes switch away from injecting (partially or fully)

(For example see Griffiths et al 1994, Darke et al 1994, Pizzey and Hunt 2008)

Some parts of Europe have seen population-level reversals in the popularity of injecting

- **The Netherlands**

(See Grund, Jean-Paul & Blanken, Peter. 1993. From chasing the dragon to chinezen. Rotterdam, the Netherlands: IVO; Lindenburg et al 2006)

- **Spain (Madrid and Seville, but not Barcelona)**

(see Bravo(pp 6-8) in *Understanding Initiation of Injection Drug Use*. Proceedings Paper – Part One, Findings from Etiological Studies. November 1- 2, 2007, Université de Sherbrooke ~ Longueuil, Quebec)

The road to interventions

- In 1994, Griffiths et al suggested that Interventions need to:
“take account of current administration and the potential for future transitions”
- In the context of epidemic hepatitis C Alex Wodak suggested that harm reductionists should promote:
Non-Injecting Routes of Administration – NIROA (1997)
- A range of ‘*Route Transition Interventions*’ was subsequently reviewed by Hunt et al (1998)

Intervention points

- **Decrease incidence of injecting/prevent new cases such as:**
 - Group-based psycho-educational work
 - Opioid substitution treatment (OST)
 - Social marketing
 - Break the Cycle
- **Increase 'outcidence' i.e. accelerate the rate at which people stop injecting such as:**
 - OST
 - Promoting chasing to injectors (social marketing)
 - Foil distribution

Preventing initiation (group-based psycho-educational)

- **Working with ‘at risk’ users (Casriel et al. 1990, Des Jarlais et al 1992)**
 - Targeted heroin sniffers
 - Four part ‘psycho-educational programme’
 - Intervention group less significantly less likely to transition
 - Transitions
 - 14/43 controls
 - 6/40 experimental group
- **But...hard to contact and recruit**

Preventing initiation OST

- Methadone treatment for non-injecting heroin users to decrease incidence (Southwell et al. 1997)



Preventing initiation Social marketing

Elise Roy et al
Montreal, Canada

Evaluation of a Media Campaign Aimed at Preventing Initiation Into Drug Injection
Among Street Youth. *Drugs: Education, Prevention and Policy* (2007) 14, 5,401- 414

Posters/street events targeting street youth



Promoting shifts from injecting

- Conventional opioid substitution treatment to increase outcidence/injecting quit rates
- Promoting heroin smoking to injectors
 - The chasing campaign (Healthy Options Team)
 - How to chase (Lifeline)
- Foil distribution from needle exchange services to promote chasing to injectors (Pizzey and Hunt 2008)

Promoting heroin chasing to injectors



Foil distribution (Pizzey and Hunt 2008)



Uptake (four needle exchanges)

Total No. Attending (visits)	Total No. Who Took Foil	Total No. New Smokers
320 (1947)	174 (54%)	32

Findings (Exchange 1 - main study site)

No. Attending No. Visits	No. Who Took Foil	No. gave feedback	No. of new smokers
161 (1388)	85 (52%)	48 (56%)	9

- 55% had smoked recently
- 6% used the foil
- 87% smoked at a time they would have injected
- 67% reduced their injecting

(n=48)

Break The Cycle (BTC)



The Initiation Process

- People don't generally plan to start injecting when they start using drugs
- They usually learn about injecting by watching injectors and talking about it
- They often ask existing injectors to give them their first hit
- Injectors are often reluctant to do this but may have difficulty in dealing with such requests

The Intervention Aims

- Enable people to think about their attitude to initiating others
- Develop resistance to initiating others
- Increase awareness of actions that make it more likely that others will start
- Enhance ability to manage initiation requests

The Intervention

- **Structured one to one intervention delivered to IDUs in treatment services/needle exchange**
 - Introducing the conversation
 - Assessment
 - Their initiation history
 - Experience of initiating others
 - Initiation risks a) to them b) to the new injector
 - Social learning
 - Discuss difficult situations
- **Takes about 30-60 minutes**

Evaluation Results

- Injecting in front of non-injectors was halved (97 to 49)
- Disapproval of initiating others was increased (12 item attitude scale)
- Participants received fewer than half as many requests to initiate someone (36 to 15)
- The number of people initiated by participants fell (6 to 2)

Drugs Action, Aberdeen (Simon Pringle)





International examples



Australia (Queensland)

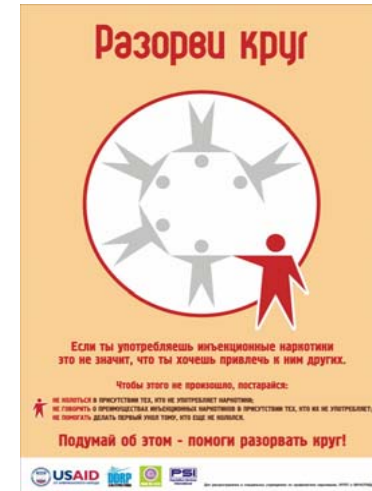
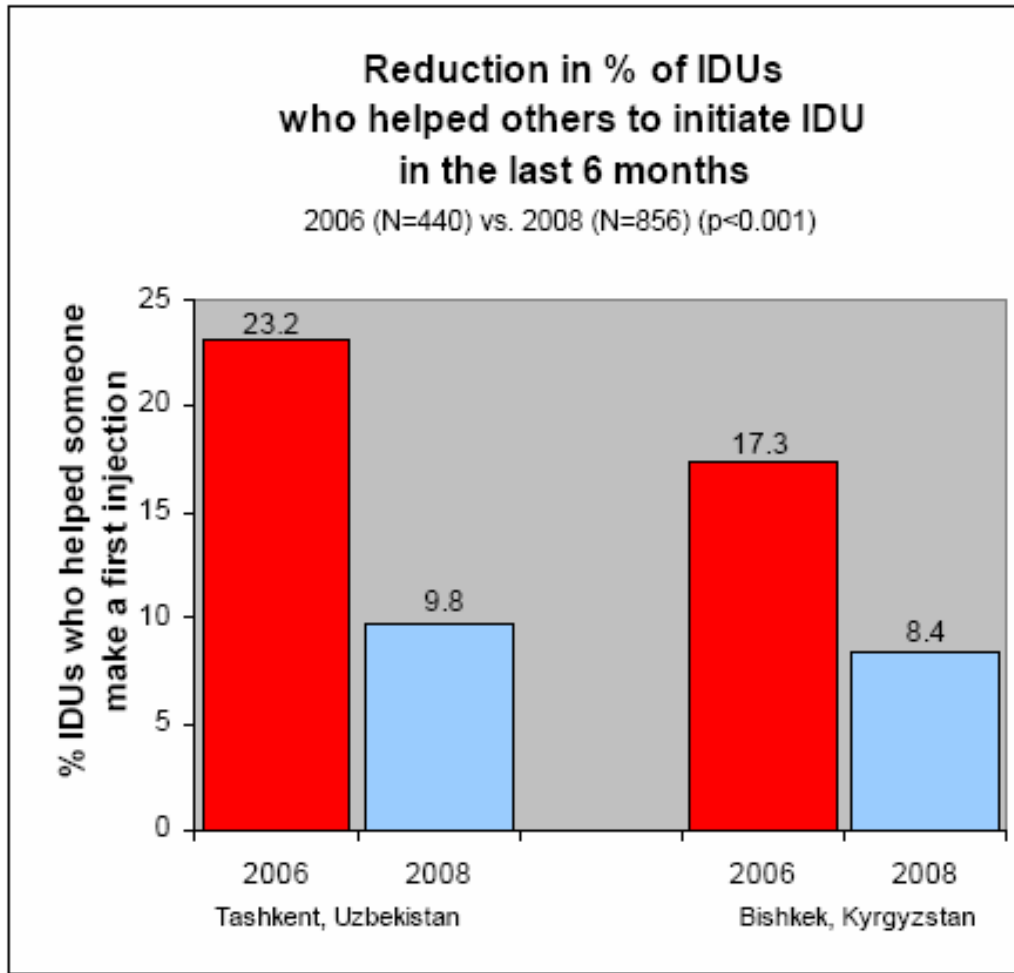
- Direct importation of all project materials
- Stand alone initiative
- Not adapted to local culture
- ‘Injecting Nation’
- Resistance from drug user activists
- Failure – not adopted

Central Asian Republics - Uzbekistan and Kyrgyzstan

- Two pronged approach:
 - Youth at risk of starting to inject (Youth Power Programme)
 - IDUs (Break the cycle)
- BTC linked with overdose prevention
- Supported by media campaign on television (available to watch)



Initial results



Vietnam

- Adapted for use with commercial sex workers
- Materials counter the perceived benefits of injecting and discourages IDUs from helping smokers to switch



Toronto (planned programme)

- Break the Cycle/Change the Cycle (BTC/CTC)
- Intensive peer driven model within drug user based service (counterFIT)
- Grounded in qualitative research (ongoing)
- Programme to be detailed based on qualitative investigation findings



Australia (New South Wales)


- Operated alongside Medically Supervised Injecting Centre
- Adapted to local circumstances
- Embedded within harm reduction training
- Incorporates DVD-based resources
- Well received

(Ingrid van Beek/Phil Tayler et al)





Some questions to consider when contemplating Route Transition Interventions (RTIs)

- Heroin/other drug market(s)
 - Processes surrounding initiation into injecting
 - Cultural practises around heroin use/injecting Extent of mixing of injectors and non-injectors (social exposure)
 - Opportunities through existing services
 - Your harm reduction/policy priorities
 - Close consultation with drug users/drug user organisations
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Thank you

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