

Interview Project with People Who Inject Drugs,
Community and Health Care Staff to Explore
Community-Driven Education, Prevention and
Healthcare Systems Improvement

Project Director: Jessica Leston, DrPH (c), MPH

Contracting with: Carolyn Crisp, MPH and Crystal Lee, PhD

Disclosures

This activity is co-provided by Northwest Portland Area Indian Health Board and Cardea

Successful completion of this continuing education activity includes the following:

- Attend the entire clinic
- Complete an online evaluation using the link provided
- Complete an online certificate request

Your certificate will be sent via email

If you have any questions about this CE activity, contact Margaret Stahl at

mstahl@cardeaservices.org or (206) 447-9538

There is no commercial support for this presentation



Disclosures

Faculty: Jessica Leston, DrPH (c), MPH and Jorge Mera, MD

CME Committee: David Couch; Kathleen Clanon, MD; Johanna Rosenthal, MPH; Pat Blackburn, MPH; Richard Fischer, MD; Sharon Adler, MD

CNE Committee: David Stephens, BSN, RN; Jessica Leston, MPH; Erin Edelbrock MPA; Ginny Cassidy-Brinn MSN, ARNP; Carolyn Crisp, MPH

Disclosures

Richard Fischer, MD is a member of an Organon speaker's bureau.

Dr. Fischer does not participate in planning in which he has a conflict of interest, and he ensures that any content or speakers he suggests will be free of commercial bias.

Dr. Jorge Mera has been on advisory boards for Gilead Sciences and AbbVie Pharmaceuticals.

Neither of these company's products will be discussed in this presentation.

None of the other planners or presenters of this CE activity have disclosed any conflict of interest including no relevant financial relationships with any commercial companies pertaining to this CE activity.

Acknowledgement

This presentation is funded in part by:

The Indian Health Service HIV Program and The Secretary's Minority
AIDS Initiative Fund

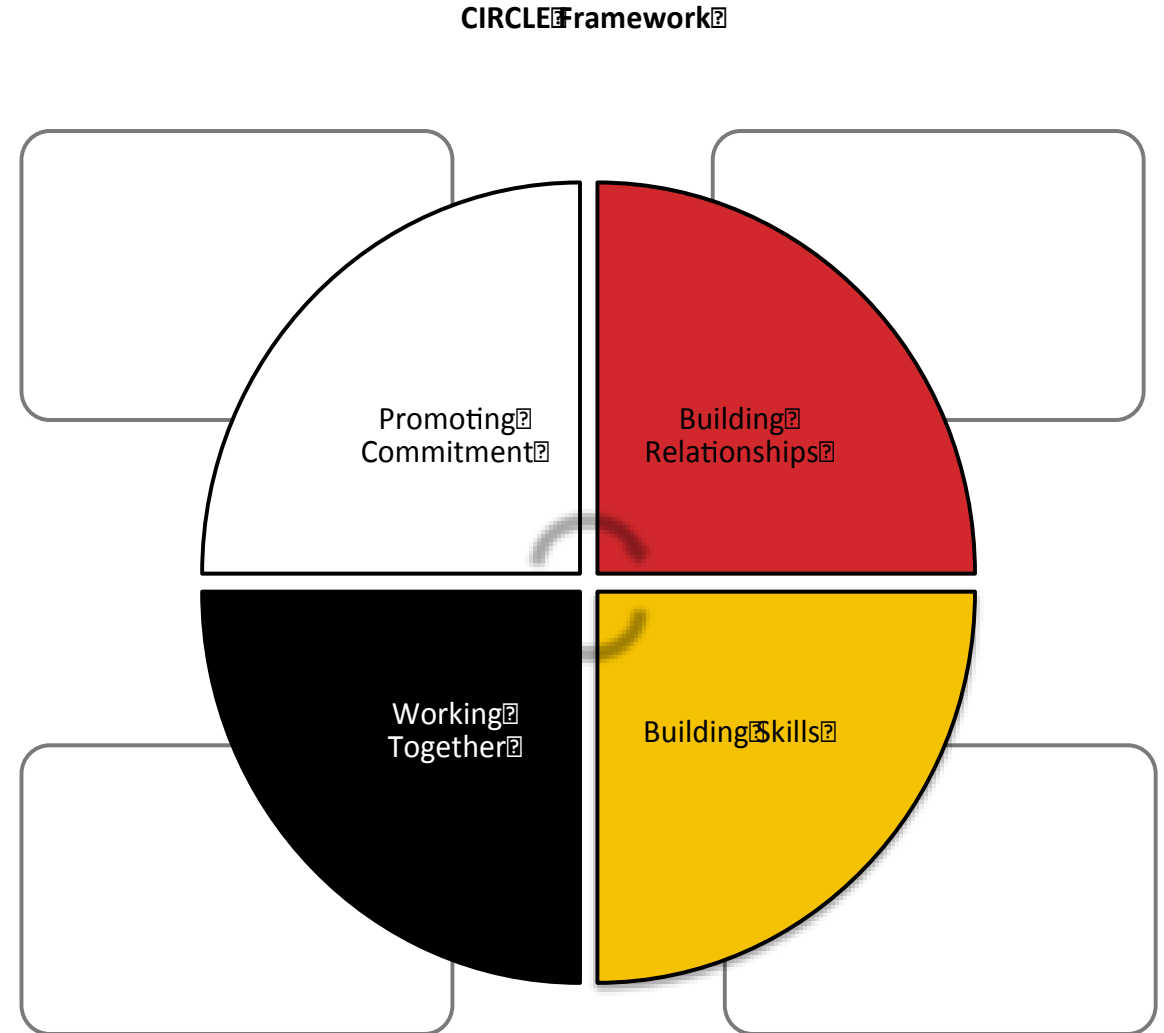
Learning Objectives

By the end of this session, you should be able to:

1. Describe the rationale for treating hepatitis C in people who inject drugs (PWID)
2. Identify best practices for treatment of hepatitis C among PWID
3. Discuss patient centered communication with PWID

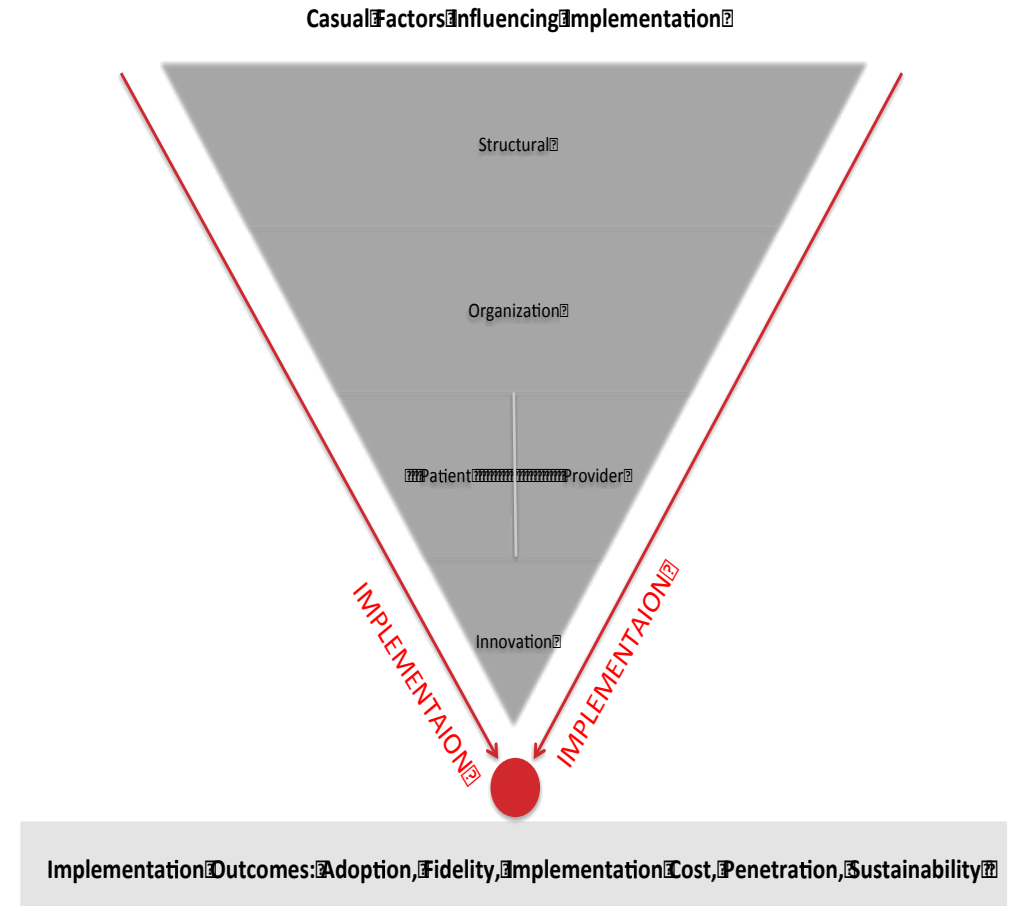
Project Description

- The aim of this project was to work with local communities using the CIRCLE framework, to define and develop their own health care services and strategies for positive change around injection drug use and HIV and HCV infection.

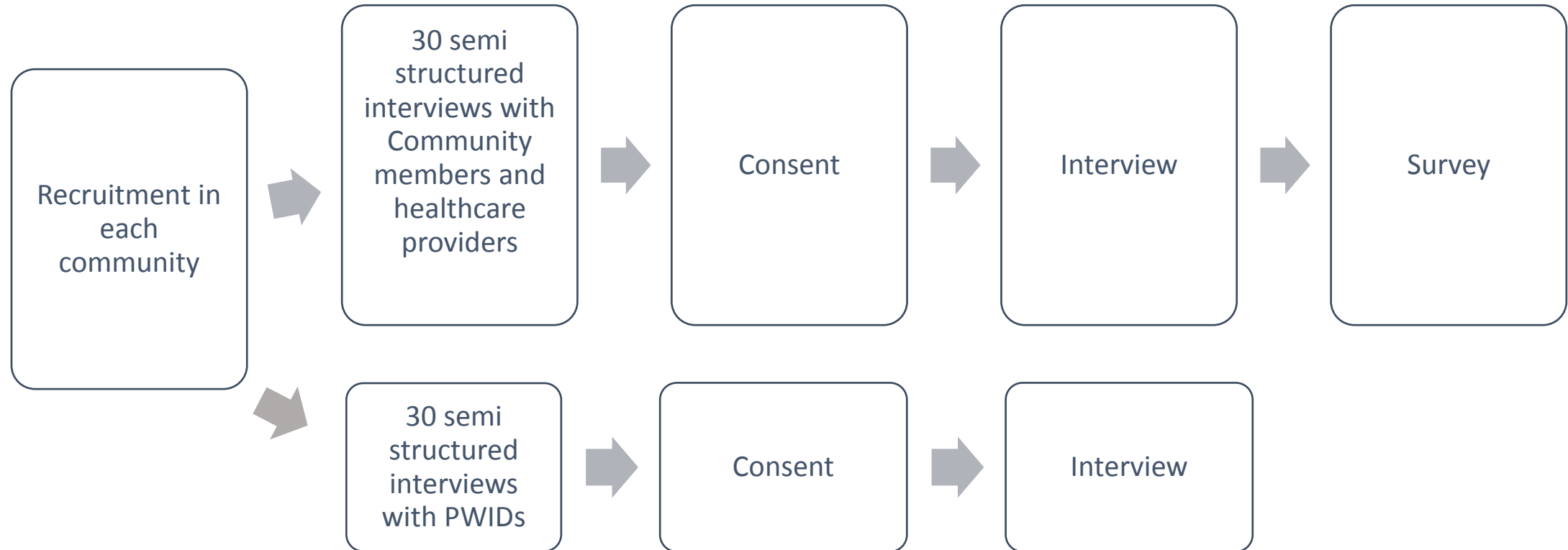


Project Goals

- To build a formative understanding that answers the following questions:
 - *What is the level of knowledge, attitudes, and beliefs AI/AN PWID have/hold regarding injection drug use, HIV and HCV infection?*
 - *What health care services and strategies for change are needed around injection drug use, HIV and HCV infection?*



Methods



Preliminary Results

- Perceptions of Services versus Available Resources
- PWID Behaviors
- Barriers to accessing clean needles
- Drugs-setting (PWID preference), environment, and purchasing point
- Impact of Addiction
- Harm Reduction Services
- HCV(knowledge and community impact)
- HIV (knowledge and community impact)
- Impact of drug use on the community, criminal justice system, and the economy
- Experiences with overdosing
- Partnerships to address drug use in the community
- Provider interactions with PWIDs and levels of support of Harm Reduction Services
- PWID description and behavior
- Risk Taking Behavior versus Protective behavior
- Drivers and Facilitators of Sobriety
- Supportive Relationships
- Treatment and Treatment motives
- Tribal Council Policies and outlooks on PWIDs

Impact of Addiction

- Many respondents detailed the impact of their addiction on their lives. In particular, they discussed the mental, emotional, and physical aspects of their addiction, and how these contributed to their risk-taking behavior.
- The physical aspects of withdrawal deterred many from becoming sober-many individuals had previously gone through the process and didn't wish to repeat it. Additionally, many described that they would consistently remain high and find other drugs if they ran out in order to maintain their high and achieve a state of euphoria. Some individuals experienced adverse physical reactions from drug use, including contracting a disease (Hepatitis C), infection, or overdosing which led to even more serious complications. Many described the process of withdrawal as a physical painful and almost unendurable process which is why many weren't able to quit using drugs earlier in their life.
- The mental impact of addiction was the most recurrent theme of the three. Respondents described how the overwhelming desire to get high and obtain that state of euphoria and the instant gratification that comes with injection drug use.

Risk-Taking Behavior

- Respondents identified that depending on how far a PWID was in their addiction, risk taking behaviors were fairly common, which included needle sharing, reusing needles, and unhygienic needle cleaning practices.
- The most commonly discussed risk taking behaviors included: sharing needles, reusing needles, and other unhygienic injecting practices. Using tainted drugs and performing sexual favors for drugs was also mentioned.

Barriers to accessing clean needles

- Many respondents described a variety of physical and social barriers that exist which deter PWIDs from being able to access clean needles. Ultimately, this contributes to PWIDs engaging in risk-taking behaviors.
- Physical Barriers: collection of personal information, prescription requirements, inconvenient pharmacy store hours.
- Social Barriers: stigma, feelings of shame, guilt, and concerns about being judged

Harm Reduction Services

- Although a number of respondents did not know what harm reduction services were, a few did and had personal experience with such services.
- Depending on where they were located geographically, some respondents knew more than others about needle exchange programs and what they offered.
- Most expressed a deep desire for services to be more accessible because they believed it would be beneficial for PWIDs looking to obtain sobriety.

Needle Exchange Services

- Some respondents knew about needle exchange programs, but most did not. For those who did know about needle exchange programs, it was often because they used needle exchange services in other places. Of all the possible Harm Reduction Services, needle exchange was sometimes mentioned as the only one that respondents knew of. Respondents had overwhelmingly positive attitudes, experiences and perceptions of needle exchange services.
 - *Because like I said me, myself, had lot of pride and it's tough to go in to get new needles. So here I am sitting around with the same old needle, sharing needles. When if there's opportunities like that, because I know in Colorado there are places like that where you could go and get a new needle every day. So if there's places like that here, that'd be fantastic.*
 - *I mean because I'd been to New Orleans and they don't have 24 hours, but they have a needle exchange.*
 - *This drug, needle exchange thing that's a big help. they need a lot more support these people.*

Medication Assisted Treatment

- A few respondents had personally accessed medication assisted treatments such as suboxone, methadone, and naloxone for their addiction and had specifically advocated for its use in future services. There was some confusion among a number of respondents about which medication corresponded to the correct drug it was intended to treat, which suggests that among PWIDs there isn't much education being put forth about the differences between these medications. Of the three MATs, suboxone was the most referenced.
 - *Harm reduction is like getting Suboxone and stuff, fresh needles. There's places out there, like in Colorado there's places where you can go to go get your fresh needles, go get Suboxone, go do things to reduce your drug risk, to reduce the harm of catching diseases or whatnot. So I know a lot about it, or not a lot, I know about it, but I don't know of anything up here in South Dakota that would help for that.*
 - *And that's like the point where I think if they figure out that you're a drug addict and they determine you're a drug addict, should put you on a regimen of safe doses of the drug you're addicted to. Or again, ask you if you're ready to think about a Suboxone program or a Methadone program.*

Medication Assisted Treatment

- Suboxone

- *Provide cheap treatment services, provide Suboxone, all that other stuff you're talking about.*
- *If they could just start, like, where you pick up your meds, you just pick up your Suboxones.*

- Methodone

- *You know, again, I have to drive an hour to the methadone clinic in Tulsa every day at least, and I don't have my license. So usually, my folks drive me. Or if I have to, you know, I have to take a chance and drive, because I have to have my methadone.*
- *When I was in Denver, the methadone clinic was two blocks from my house, you know. And there's about ten of them, all over town. It wasn't hard to get into one. Or they were more accessible, I'll put it that way.*

Future Partnerships

- Respondents had many opinions about how partnerships could be established in the future among different agencies. Above all, respondents wished to see more communication across agencies to provide better programs and support to PWIDs.
 - *“Well, they do work together and the skill that they have would be I guess their communication in trying to solve this problem, which is going to be a very hard problem to solve. But just their communication, being able to communicate with one another and trying to help the people so we can help the city or just help the people so they can help themselves.”*

Summary Slide

- There is a need for education and information for PWID
- There is a need for clinical services, such as needle exchange and MAT
- There is a need to better educate the general public about addiction and substance use

Next Steps

- Continue to analyze and work on data from the PWID interviews.
- Continue to analyze and work on data from the community interviews.
- Use the formative knowledge from interviews to make positive change in Indian Country.