

Beyond Transmission:

*Guidelines for hepatitis C education
targeting young people who inject drugs*



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Disclaimer

The guidelines are generally applicable to young people who inject drugs. Further education and service delivery principles and strategies are required for engaging with young injectors from Aboriginal and Torres Strait Islander backgrounds, culturally and linguistically diverse backgrounds and other sub-groups.

Careful consideration has been given to internet sites and resources provided, however no responsibility is taken for the accuracy of information provided by these links. Orders placed over the internet for hard copy documents may incur freight costs.

Information provided in this resource is not intended to replace expert advice about the management of hepatitis C or injecting related harms such as vein damage. Information is to be considered relevant for two years from the date of publication.

Language

Particular terminology is repeatedly used for brevity and continuity, including 'service provider' and worker'. The contributions of peer educators and support people are recognised and encouraged, along with those outside the health and human service sector. Furthermore, the term 'practice' should be considered relevant to all those who make a considered attempt at engaging with young people about issues that affect their lives. The term 'interventions' is regularly used for brevity and continuity, to denote a wide range of activities that are intended to bring about changes in knowledge, attitudes and practices of young drug users.

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Contents Page

Section 1: How to use this resource

Overview	1
Rationale	1
Some of the issues are really complex!	1
Purpose of the guidelines	1
Hepatitis C is one of a range of drug use issues	1
Framework	1
How to use this resource	2
Self-assessment quiz	3
Use of the internet	6

Section 2: Background info...

Introduction	7
Hepatitis C	7
Young people's drug use	8
Harm minimisation	11
Injecting equipment sharing	13
Interventions	14

Section 3: Guidelines

Acknowledgement	16	
Structure of the Guidelines	16	
Injecting drug use in context	18	
	<i>Interpreting drug use</i>	18
	<i>Interpreting the risks associated with all drug use</i>	18
General Guidelines		20
Specific Guidelines		23
	Poly drug use	23
	Initiation into injecting	27
	Commitment to injecting	30
	Matching perceptions: identity and behaviour	35
	Sharing injecting equipment	39
	Group injecting: autonomy and self-reliance	43
	Environment when injecting	47
	Reducing harms: vein care	50
	Reducing harms: overdose	53
	Hepatitis C testing	57
	Young injectors with hepatitis C	61

Section 4: Working with young drug users

Introduction	66	
Caveats	66	
Engaging young people	67	
	<i>Increasing young people's access to services</i>	67
	<i>Inviting a young person in...</i>	70
	<i>Workers' skills and strategies</i>	72
	<i>Conducting assessments</i>	74
Specific populations of young drug users Interventions	<i>What is an intervention?</i>	78
	<i>Types of interventions</i>	80
	<i>Theories to inform interventions</i>	81
Capacity building and pre-intervention strategies	<i>Capacity building</i>	84
	<i>Turning issues into action</i>	84
	<i>Networking and collaboration</i>	86
	<i>Evaluation</i>	87

Further information sources **89**

References **96**

Quick reference guide / Appendix I **106**

Section I: How to use this resource



Introduction

Overview

This resource presents Guidelines for hepatitis C education targeting young people who inject drugs. It documents current good practice when engaging with young people about reducing harm associated with drug use, including hepatitis C infection. Information included in the resource is based on a range of research and experience about hepatitis C education.

Rationale

Recent research shows the highest rates of recent hepatitis C infections occur among people aged between 15-29 years, with transmission related to the sharing of injecting drug use equipment (National Centre for HIV Epidemiology and Clinical Research (NCHECR), 2003). Alarming low levels of knowledge about hepatitis C prevention have been found among some young injectors, despite many having an awareness of harm reduction messages such as “don’t share injecting equipment”.

Whilst sound knowledge of hepatitis C prevention and access to injecting drug use equipment are vital, there are a range of other factors that need to be taken into account. These relate to each individual, as well as their social context, and the location in which injecting drug use takes place.

Some of the issues are really complex!

During initial consultations when planning this document, service providers in the youth, health and welfare sectors in Queensland consistently said:

“Young people say they don’t share injecting equipment but then hep C shows up in their blood tests.”

“New injectors already come in contact with hep C, before they get any information about it. They need to know how to prevent hep C before they start injecting.”

“We can’t really discuss with young people how to inject, even though we know they are putting themselves at risk of hepatitis C infection.”

These are not issues that can be dealt with easily! But here is our attempt... much of the information is derived from strategies used by service providers and educators, as well as what current published research suggests.

Training workshops held in six Queensland locations in 2004 helped to ‘test out’ and further develop the *Guidelines for hepatitis C education targeting young people who inject drugs*.

Purpose of the guidelines

There is no one size fits all approach to preventing hepatitis C among young people. This resource presents a number of general guidelines to inform a broad range of hepatitis C education opportunities. Specific guidelines have also been documented about responding to some particular issues that may impact on hepatitis C prevention, such as injecting drugs in a group context.

Hepatitis C is one of a range of drug use issues

Information about hepatitis C may be of greater relevance to young people who inject drugs if they know how it can be transmitted during their actual injecting situations. There are ‘more things at stake’ for young people when they inject, rather than thinking about hepatitis C – they are focussed on using their drugs, which is often something they are doing with other people. There is also a range of harms associated with injecting drug use, other than hepatitis C infection.

It is important that young injectors have a ‘match’ between how they perceive their drug use, compared to their actual behaviour (many think they use drugs more safely than what they actually do). This plays a significant role in young injectors wanting to ‘take on board’ information and interventions aimed at reducing harm, including hepatitis C.

Framework

Research indicates that increasing numbers of young people are experimenting with drugs and drug injecting, and some young people continue to inject drugs despite experiencing considerable degrees of harm. Current rates of hepatitis C infections require looking beyond preventing drug use, and instead enhancing young people’s capacity to reduce risks for transmission such as injecting equipment sharing and exposure to infected blood, as well as other harms associated with injecting.

As well as a commitment to harm minimisation and harm reduction (see ‘Section 2: Background info...’), this resource is also informed by principles of social justice, asserting that young people have the right to equitable access to services that positively affect their lives, and to participate in the development and implementation of strategies that will impact on their lives.

Young people's drug use issues are seen as arising from and impacting on broader issues including relationships, education and employment. Some young people who are at risk of hepatitis C infection are also at risk of a range of other health, social and wellbeing issues. Interventions to enhance young people's lifeskills and situation in general can have multiple benefits, including enhancing their capacity to prevent hepatitis C infection.

In acknowledging a broad health promotion framework, information ranging from community awareness-raising, organisational development and self-care for workers has been included in this resource.

How to use this resource

Target groups

The target group for this resource is wide-ranging. It is not only those who are positioned to discuss injecting drug use with young people, who have a role in hepatitis C prevention. Many service providers, educators and support persons are well-placed to enhance young peoples' capacity to understand and take responsibility for their health and wellbeing.

Self-assessment

The following self-assessment quiz helps ascertain which of the hepatitis C education guidelines are most applicable to your current work environment, skills base or level of engagement with young people who inject drugs. Self-assessment should occur before using this resource.

There are some general guidelines which are relevant to all service providers, regardless of their level of contact with young people who inject drugs.

Instructions for self-assessment

1. Respond to the questions below.
2. Circle the number corresponding to your answer.
3. Add these numbers up to make your total score.
4. Read the paragraph that corresponds to your total score. This score will correspond to a category that suggests what your role is in relation to hepatitis C education and reducing other harms associated with injecting drug use among young people.

Quick reference guide

In order to assist readers to understand some of the terms used in this resource, a quick reference guide has been included at the end of this document.

When terms are used for the first time in the text of the resource, they appear in bold type. It is important to refer to the quick reference guide for a clear understanding of the meaning of terms and the context in which they can be appropriately applied.

Self-assessment quiz

Q1: Engaging with young people: personally, professionally and organisationally

QUESTION	VERY OFTEN	OFTEN	SOMETIMES	RARELY	NEVER
Do you give out injecting drug use equipment?	5	4	3	2	1
Do you do education about injecting drug use?	5	4	3	2	1
Do you do education about blood-borne virus transmission?	5	4	3	2	1
Do you talk with young people about risk taking in general?	5	4	3	2	1
Do you do formal interventions about drug use such as using the 'Vein Care' resources?	5	4	3	2	1
Do you engage informally with young people about drug use?	5	4	3	2	1
Do you do applied/ interactive workshops about drug use?	5	4	3	2	1
Do you engage with young people about general issues they face?	5	4	3	2	1
Do you provide referrals for young people?	5	4	3	2	1
Do you provide clinical interventions for young people?	5	4	3	2	1
Do you provide information about aspects of the law to young people?	5	4	3	2	1
Do you work from a 'youth friendly' location?	5	4	3	2	1
Do you provide a range of young people friendly resources?	5	4	3	2	1
TOTALS					

Self-assessment quiz

Q2: Rate your confidence about:

QUESTION	EXCELLENT	VERY GOOD	GOOD	POOR	VERY POOR
Knowledge about young people's drug use?	5	4	3	2	1
Knowledge about young people's injecting drug use?	5	4	3	2	1
Appropriate and useful responses to young people's drug use?	5	4	3	2	1
Appropriate and useful responses to young people's injecting drug use?	5	4	3	2	1
Transmission of blood-borne viruses?	5	4	3	2	1
Hepatitis C epidemiology?	5	4	3	2	1
Hepatitis C symptoms, treatments and psychosocial issues?	5	4	3	2	1
Infection control procedures?	5	4	3	2	1
Delivering information in one-on-one situations?	5	4	3	2	1
Delivering information in group situations with young people?	5	4	3	2	1
Communicating with young people?	5	4	3	2	1
Supporting young people?	5	4	3	2	1
Peer education processes?	5	4	3	2	1
Young people's participation in service delivery?	5	4	3	2	1
TOTALS					

Self-assessment quiz

Q3: What other activities have you been involved with?

QUESTION	VERY OFTEN	OFTEN	SOMETIMES	RARELY	NEVER
Participating in staff development activities exploring hepatitis C prevention among young people, such as conferences, workshops?	5	4	3	2	1
Using websites for information about hepatitis C?	5	4	3	2	1
Using websites for information about drug use?	5	4	3	2	1
TOTALS					
FINAL TOTAL					

TOTALS

It is anticipated that service providers and educators can be divided into three categories, which are:

30 – 65 All

Guidelines presented in this category are not specific to injecting drug use and are relevant for 'all' levels of contact with young people and young injectors, whether this is rarely, occasionally or regularly.

65 – 95 Non-core

Those who occasionally come into contact with young drug users and drug injectors as part of their work role.

95 – 150 Core

Those who regularly engage with young drug users or drug injectors as part of their core work role.

These categories, which represent levels of engagement with young people about injecting drug use, have been adapted from the work of Brisbane Youth Service and Cairns Youthlink (2001) on the Statewide Needs Assessment Project (SNAP).

The SNAP final report details the sexual health and injecting drug use training and resource needs of service providers and educators in Queensland.

The project report can be downloaded from: www.health.qld.gov.au/phs/Documents/cdu/15880dmp.htm

Categorisation of all guidelines

Shading is used to differentiate guidelines which are relevant for each of the three categories (all, non-core or core). The shading matches that in the box below.

Guidelines presented in each category build on those in the previous category. That is, for non-core workers, guidelines included in the all category and the non-core category are relevant. For core workers, guidelines presented in all three categories are relevant.

Remember, there are also general and specific guidelines included in this resource, which are broken into the three categories.

Artificial categories

The general and specific guidelines have been categorised into all, non-core or core by artificial and fluid divisions. The scores marking out these three categories are not set in stone – they are to be used as estimates only. If you fall close to a score cut-off point, please place yourself in whichever category you feel reflects your position in relation to hepatitis C education and reducing other harms associated with injecting drug use.

This self-assessment quiz aims to stimulate clarification of personal, professional and organisational roles and boundaries in hepatitis C prevention.

Which category are you in?	Which guidelines are relevant?		
All	All		
Non-core	All	+ non-core	
Core	All	+ non-core	+ core

Use of the internet

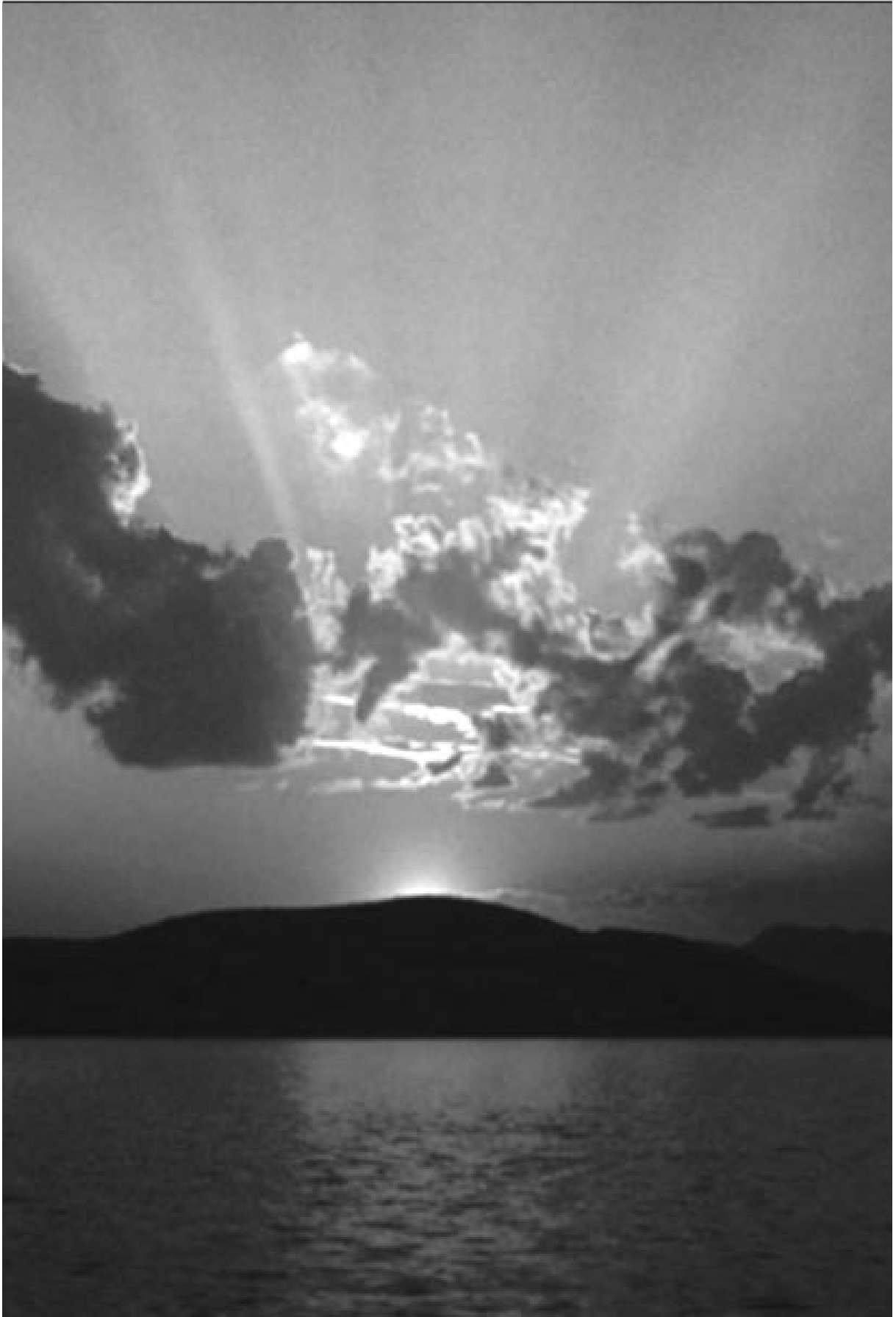
This document provides many links to information on the internet.

We realise that many workers do not have any access or easy access to the internet. Alternatively where possible, telephone numbers have also been provided for services and resources.

Links directly to specific internet sites have often been provided. After opening Microsoft Internet Explorer, put the cursor into the 'command bar' and type in the whole address. This should take you directly to the relevant place.

In the event this does not happen, either shorten the internet address to just after the '.com.au', '.com' or '.net' (whichever is relevant). This should take you to the front page of the internet site. From here you can search for the item you are after, or follow links that appear on the page.

Section 2: Background info...



Introduction

This section provides a broad context for the *Guidelines for hepatitis C education targeting young people who inject drugs*. It details hepatitis C transmission rates among young injectors, and documents risk factors for hepatitis C transmission. This section also explores the notion of 'youth', and how services could be best oriented to prevent hepatitis C infection among young people.

Hepatitis C

Notifications

The hepatitis C virus (HCV) has become one of the most frequently notified infections in Australian states and territories¹ since tests to identify hepatitis C antibodies became available in 1990². The hepatitis C epidemic continues to escalate in Australia¹ and around the world³, so much so that a 45% increase occurred in Australia between 1997 and 2001⁴. Despite these increases being found, hepatitis C infection is still considered to be under-reported⁵.

An estimated 11, 000 – 19, 000 new hepatitis C infections occur annually in Australia, and approximately 242, 000 people have already been are already infected⁶. Of these, an estimated 80% to 90% of hepatitis C infections are related to injecting drug use. Ten percent of infections are related to unsterile tattooing and body piercing, unsterile medical procedures performed in countries with high rates of hepatitis C, occupational transmission (eg. needle stick injuries), or mother-to-child transmission during pregnancy and birth. Around 5% of infections are due to receipt of contaminated blood or blood products prior to 1990. Since that time, donated blood and blood products have been tested and risk of transmission is now thought to be extremely low¹.

Natural history

Hepatitis means inflammation of the liver. It is caused by non-viral factors (eg. alcohol, drugs, chemicals, autoimmune system functioning) and/or viral infections such as hepatitis A, hepatitis B and hepatitis C⁷. Hepatitis C is thought to have existed in Australia among populations of people who inject drugs since at least the early 1970s⁸, and for approximately 20 years was known as non A-non B hepatitis². The hepatitis C virus was identified in 1988 and publication of this finding was made in 1989¹⁰. There are at least six strains or 'genotypes' of hepatitis C, and there are several subtypes of these. People can become re-infected with the same or other genotypes⁷, and as yet there is no vaccine against infection with hepatitis C.

Hepatitis C has been described as a slowly progressive disease¹¹. If 100 people were infected with hepatitis C at the same time:

- 15 to 35 people will clear the virus spontaneously (thought to be within two to six months of infection) and will not develop a chronic infection or risk of developing advanced liver disease. They can, however, be re-infected with hepatitis C if they are re-exposed and subsequently could develop chronic hepatitis C infection.
- 65 to 85 people will develop chronic hepatitis C infection. Of these people:
 - 20 to 40 would have the virus in their blood, but they would not experience symptoms of infection. They could pass the infection onto others and may still develop some level of liver damage.
 - About 40 to 60 would have the virus in their blood and develop some degree of symptoms and liver damage after an average of 15 years. These symptoms could vary from quite mild to debilitating.
- Of those who developed chronic hepatitis C infection, between seven and 16 people will develop scarring of the liver (cirrhosis) after an average period of 20 to 40 years. Factors associated with increased risk of cirrhosis are alcohol consumption, HIV or hepatitis B co-infection, being aged over 40 at the time of infection, and being male.
 - Of these seven to 16 people, between two and five people will develop liver cancer or liver failure^{12,13,14}.

For young people with hepatitis C, infection appears to progress at a slightly slower rate⁷.

Treatment and support

Health and support services for people with hepatitis C are limited in number, and adequate and readily available medical treatment is lacking in many respects^{5,15}. Standard pharmaceutical treatment subsidised under the Pharmaceutical Benefits Scheme Section 100 (PBS S100), referred to as 'combination therapy', is available where specific criteria are met. Therapy comprises of pegylated Interferon (PEG-IFN), a drug that boosts the immune system, and Ribavirin (RBV), a drug that works against the virus. Clearing the hepatitis C virus from the blood is not guaranteed as a result of therapy. Sustained

response rates with PEG-IFN and RBV range from 50% to 80% depending on a person's genotype. There is an overall sustained response rate of 50%-55% for all genotypes among all people in receipt of therapy¹⁶. Responses to treatment vary depending on a person's genotype, the amount of virus in their blood, age, sex, stage of liver disease, and lifestyle¹⁷.

Adverse effects of medical treatment often arise, with treatment having been described as a complex process and demanding on the patient^{18, 19}. Those who do not respond to treatment, and those who are untreated are left with high levels of unmet needs related to managing chronic disease and the resulting impact on health, wellbeing and quality of life. Young people under 18 years are not eligible under current PBS S100 arrangements for treatment for chronic hepatitis C infection. Treatment for other young people (up to the age of 25, for example) is often not considered appropriate because of concerns about side effects including depression, fatigue and nausea²⁰. Recommended self-management strategies for people living with chronic hepatitis C infection are lifestyle management, alternative therapies and psychosocial support²¹.

Transmission

Hepatitis C is a highly infectious blood-borne virus that is transmitted through blood to blood contact with an infected person²². It is transmitted easily through only minor breaches of sterile injection practices and infection control procedures²³. Hepatitis C can potentially be transmitted through every step in the process of injecting drugs²⁴. Injecting drug use equipment such as mixing spoons, filters, rinsing water, tourniquets, the injecting environment and hands can be easily contaminated with blood and hence become potential vehicles for transmission²⁵. Recent research suggests with current injecting techniques and situations of sharing injecting equipment, hepatitis C prevalence will stay elevated²⁶.

Risk and rates of hepatitis C infection

Until recently, risk of hepatitis C infection was thought to increase with duration of injecting experience. That is, the longer a person injected drugs, the more chance they had of coming into contact with hepatitis C^{27, 22, 110}. Duration of injection was related to age – the older a person was, the more likely they were to have been injecting longer²⁸.

However, different trends have now become evident:

...the absolute risk of becoming infected with hepatitis C in Australia through even occasional needle-sharing or careless injection practices is high, because the chance of coming into contact with the hepatitis C virus in such circumstances is high.

(Orr and Leeder, 1998, p. 1922⁹)

An extensive review of literature from 160 studies in 34 countries³⁰ reports the average rate of hepatitis C among injecting drug users is 70.2% (total number of people in this study was 46,419).

The Australian Needle Syringe Program (NSP) survey³¹ showed that rates of hepatitis C among injectors decreased from 63% in 1995 to 49% in 1998, but increased in 2001 (58%). Similar trends occurred in Queensland with a decrease in rates recorded between 1995 (40%) and 1998 (29%), but rates increasing in 2001 (39%)³².

Young people who are new to injecting face a significant risk of hepatitis C infection right from the first time of injecting³³. Results from the Australian NSP survey show that rates of hepatitis C among young injectors aged under 20 years increased from 1998 to 2001 (22% to 29%)³¹. Similarly in Queensland, rates among injectors aged under 20 years increased from 1998 to 2001 (6% to 16%), as well as among injectors aged between 20 and 24 (1998: 8% to 2001: 24%)³². Recent infection (in the last three years) is highest among people aged 15 to 28 years³⁴.

These figures show rates of hepatitis C are very high in the general population of people who inject drugs. Due to such numbers of hepatitis C infections, "very substantial behaviour change will be required before HCV will be brought under control among IDUs"³⁵.

Young people's drug use

Initiation into injecting

The average age of initiation into injecting is thought to be younger now than in the past, from around 20 years of age to 16 years and younger^{36, 37, 33}. This has been related to the increased availability and injection of **amphetamine**, and an increase in young people initiating into injecting with amphetamine^{38, 31, 39, 40, 36, 41, 42, 43}. Many young people have already used the drug they first inject, through non-injecting methods, and have seen other people inject drugs⁴⁴.

Young people begin injecting drugs for many reasons. These include for greater effectiveness of a drug, economic efficiency, peer pressure, circumstance, dissatisfaction with other means of drug use and curiosity^{44, 40, 45, 46, 33}. Initiates have been described as "active player[s] in the event" of first beginning to inject (Crofts, Louie, Rosenthal and Jolley, 1996, p. 1194⁴⁷).

The person who first injects an initiate is usually a more experienced user, who is known to the initiate^{46, 48}. Key concerns with this are:

- Potential lack of access to sterile equipment
 - Because of the often unplanned nature of initiation into injecting and the consequential reduced access to sterile injecting equipment, some also have their first experience of sharing equipment and therefore potential contact with blood-borne viruses³³.
- Risk of infection through injecting technique

If the older user has not learnt safe or clean injecting then they are likely to pass these unsafe practices on to the new user. This has the potential to put the new user at risk of infection right from the start of their injecting career.

(Rance, 1997, p. 32⁴⁹)
- Ongoing risk of infection from injection technique

...the way in which a person is first initiated into injecting is likely to influence their subsequent behaviour in relation to risk of blood-borne transmission.

(Louie, Crofts and Rosenthal, 1994, p.9³³)

Hence, significant public health concerns arise from the very point of initiation into injecting drug use.

Young peoples drug use in context

Drug use is “often a part of growing up and experimenting with new things” (Burrows, 1994, p.4⁵⁰), and it is not only marginalised young people who use them. Most young people try illicit use of alcohol and drugs, with experimentation now to be considered normal. Most young people who try alcohol or illicit drugs do not become problem users, with experimentation declining in the mid-to-late twenties into regular although generally non-problematic social use. The idea that alcohol, tobacco and cannabis “inevitably lead to harder drug use is basically an enduring myth” (Paglia and Room, 1998, p. 5⁵¹). Different drugs tend to be used by young people for different reasons⁵².

These changes reflect more general and ongoing processes in Australian society.

Rapid cultural changes and socioeconomic dislocations may produce the preconditions for widespread illicit drug injection...

(Des Jarlais et al (1993), as cited in Burrows, 1996, p. 215⁴⁵)

Multiple social and cultural influences affect young people’s drug use. These include physical and environmental issues, widening socio-economic gaps, lack of shared norms and values, feelings of alienation and powerlessness, and unemployment⁵³. The impact of these on drug use is now unmistakable. The social, economic and physical factors influencing young people’s drug use are interrelated, to the extent that:

...it is impossible to single out drug use from other issues that are happening in the community and in young people’s lives.

(Paglia and Room, 1998, p. 6⁵¹).

Further to this,

Drug related activity is not something that occurs on the margins of youth life but is increasingly intrinsic to the everyday affairs of young people.

(White, 1999, p.33⁵⁴)

Drug use should not be seen in isolation. It is a complex psychosocial issue, and not simply an individual behaviour.

Commonwealth and State youth policies frequently identify the importance of young people having ready access to health, transport, housing, recreation, employment or education services regardless of their geographical location, social, cultural or economic circumstances.

Targeted interventions are needed to address social disadvantage among disadvantaged populations, not just the drug use problems that are both symptomatic and contributory factors of underlying disadvantage. Further, those interventions need to be specifically tailored to be appropriate to the target group.

(Spooner, Hall and Lynskey, 2001, p. 21⁵⁵)

Whilst Commonwealth and local responses are wide-ranging, there are certain groups who experience greater lack of access to education, resources and support. Studies of young people in urban fringe settings¹² and rural settings indicate significant feelings of disadvantage⁵⁶, along with Aboriginal and Torres Strait Islanders, young people from culturally and linguistically diverse backgrounds (CLDBs), homeless young people and young people with mental illness⁵⁷. In summary, programs, services and interventions targeting young people about drug use need to:

...understand and be sensitive to youth culture, the psychology of young people, and the impact of modern society on young people.

(Spooner, Hall and Lynskey, 2001, p. 45⁵⁵)

Patterns of drug use

The 'public health model' focuses on patterns and trends of drug and alcohol use, locating dependent use at one end of a continuum and abstinence at the other. Substance use occurs at various levels along the continuum. In terms of regularity of use, people move between non-drug use, experimental, occasional, recreational, regular and dependent use^{58,50}. There are several stages of drug use: initiation, experimentation, escalation, maintenance, discontinuation, and in some cases, renewal⁵⁹.

Continuums indicate that drug use is often not stable, but changes throughout the lifespan⁶⁰. "A person can move along the 'spectrum' or 'rest' at any point or move backwards. One stage does not necessarily lead to the next" (Burrows, 1994, p. 31⁵⁰). The public health model signifies a shift away from the historically dominant 'disease model' that focused predominantly on drug dependence and classified drug users as alcoholics and addicts⁶¹.

Harms and risks vary according to type or patterns of drug use. For example, an experimental drug user may tolerate the effects of a substance but may be at greater risk of other harms due to being intoxicated, compared to a dependent user who is more experienced with drug using⁶². It is important to remember that most people who use drugs will not experience problems⁵⁰.

Poly drug use

Poly drug use is the use of more than one drug. Combining drugs can alter and increase the effects of individual drugs. The chemistry of each drug is altered, as is the way the body and central nervous system respond. People react very differently and in unpredictable ways to combinations of drugs; this "unpredictability makes polydrug use hazardous" (Burrows, 1994, p.14⁵⁰).

Poly drug use is considered the 'norm' among young people. The opportunistic nature of young people's drug use is now more clearly evident, with choice to use a specific drug being based on price, availability and purity³⁶.

Poly drug use is heavily implicated in overdose related

deaths. 'Polydrug toxicity' is a major factor in overdoses with heroin and cocaine; amphetamines have not been thoroughly considered in this light yet. Specifically, the role of alcohol in combination with heroin or cocaine, or any number of other drugs "cannot possibly be overstated. An injection of heroin or cocaine that may be well tolerated when sober may well kill when drunk" (Darke, 2003, p. 711⁶³).

Diversity among young people

It is important to acknowledge that young people (and indeed young people who inject drugs) represent a diverse range of experiences and backgrounds. In order to develop interventions targeting young illicit drug users, it is essential to understand who is being referred to. This prevents assumptions being made about their needs and experiences, and is crucial for the design and delivery of meaningful health policy and programs.

Young people have generally been viewed as being in a period of transition. Youth is a time more extended and delayed than in the past, primarily because the economic world requires higher educational attainments to meet full time employment prospects. Dependence on family of origin is maintained until education is completed⁶⁴. Decisions typical for making a transition out of 'youth' and toward 'adulthood' are delayed until this is achieved⁶⁵.

Generally, age limits of 12 and 25 years are attached to young people. Policy and programs are devised to target this age range. However, young people under 12 years of age engage in illicit drug use, just as drug use continues beyond the age of 25. Young people are not only defined by their age, but also their gender, social class, ethnicity, ability and sexual orientation⁶⁶.

Whilst drug users are a diverse group of individuals, their shared experience may only be the very use of drugs. The drug using 'community' is defined and influenced by the illegal status of drug use, rather than by other factors that would traditionally be considered part of creating a community or culture⁶².

Targeting young injectors

Arguably, young people who inject drugs do face distinct situations and settings when they begin injecting drugs. There are also a number of factors that make youth drug use more of a concern than adult drug use. Young people have potentially less experience with social situations that demand group

Young people who are new to drug use and injecting are of particular concern, given the risks for harm such as overdose and blood-borne virus transmission. Real hepatitis C prevention opportunities are thought to exist among many young people, because education and support can be provided before they ever come in contact with the virus. Hepatitis C education must at least in part target and educate young people when or before they begin to inject⁴³. Often significant changes occur in injecting practices from initiation to current use; these are influenced by both formal and informal information seeking and receiving⁴⁶. Some injecting practices that people develop are thought to be difficult to then change⁴⁵. Hence education is “required early” for it to be most effective (Garfein et al, 1996, p. 655⁶⁷).

Young people begin and continue to inject drugs with people of a range of ages, experiences and backgrounds. Efforts to reduce harm need to be informed by and be relevant to the culture that young people understand. People use drugs in a dynamic cultural context and it is also within this context they make decisions about their health. While specifically targeting young people is an imperative, it also “means working with those of all ages, partly to help them to manage their own risk-behaviours but also to equip them to be educators of others” (Jefferies and Smith, 1996⁶⁴).

Hepatitis C in context of drugs

Hepatitis C information itself has little use when presented without context. Hepatitis C is considered less of a priority to drug injectors than other more immediate concerns such as vein care, overdose, treatment options and the law⁶². Hence the importance of situating hepatitis C in the context of injecting drug use – in reality for young injectors, these issues are not segregated⁶⁸. It is essential then, for workers to stay informed about the changing nature of young people’s illicit drug use and to understand and be informed by their opinions, stories and experiences⁶².

Harm minimisation

Overview

An arguably radical shift in drug policy was announced by the Australian Government in 1985. The National Campaign Against Drug Abuse launched harm minimisation as the official strategy responding to illicit drug use, partly in recognition of the emergence of HIV/AIDS⁶⁹. Harm minimisation underpins a number

of public health strategies, including the National Hepatitis C Strategy 1999-2000 to 2003-2004 and the National Drug Strategic Framework 1998-99 to 2002-03. Harm minimisation is an approach aimed at reducing community and individual harms associated with drug use, that goes well beyond focusing on the elimination of drug use⁷⁰.

Harm minimisation is the overarching philosophy that includes three interlinked principles:

- supply reduction (law enforcement initiatives to reduce the production, availability and supply of drugs)
- demand reduction (strategies that reduce the drug using population and deter people from starting drug use)
- harm reduction (options for reducing harm related to continued drug use)^{71,72}.

Following on from this,

A comprehensive harm-minimisation approach must take into account three interacting components: the individuals and communities involved; their social, cultural, physical and economic environment; and the drug itself. Approaches will vary according to the population group, time and locality.

(Intergovernmental Committee on Drugs and the Australian National Council on Drugs, 1998, p. 16⁷³)

Harm minimisation is underpinned by ‘simple logic’ that asserts that:

...better results can be achieved if people engaging in dangerous behaviour are treated as responsible persons who will take steps to reduce the harm they may cause to themselves (and others) if given the information and opportunity to do so.

(Single and Rohl, 1997, p. 44⁷⁴)

Harm reduction

Harm reduction is a principle that informs programs, projects and strategies, which are put in place to reduce the range of harmful effects of drug use by individuals and communities⁷⁵.

Drug related harm is best understood as resulting from biological, psychological and social influences.

Some of the more serious harms that may arise from drug use, particularly the regular injection of illicit drugs are:

- **overdose**
- acquiring blood-borne viruses
- social and psychological problems
- drug **dependence**
- financial burdens
- criminality and incarceration.

The focus of the principle is on reducing harm associated with continued drug use and as such steers away from taking a position on the rights or wrongs of drug use.

The provision of equipment used in the injection of illicit drugs is arguably the major type of harm reduction strategy used in Australia. In doing this, Needle and Syringe Programs (NSPs) have been considered a highly important harm reduction strategy which is both successful and cost effective with “minimal side effects” (Wodak, 1997, p. 279²³). Community based organisations such as drug user groups have been established and funded in most Australian states and territories. As well as providing injecting equipment, they have been instrumental in developing educational and harm reduction programs⁷⁶.

Continued drug use

After nearly three decades, harm reduction remains a controversial principle, and is criticised on the basis that some interpret it as condoning drug use and undermining the abstinence ideal⁷⁷.

Some definitions of harm reduction see it as a framework to minimise the harmful effects of drug use and drug consumption⁶⁹. However, some argue that harm reduction does not necessarily require a reduction in drug consumption⁷⁸. Others assert that reducing drug consumption can actually lead to an increase in harms particularly if drug use is re-commenced when tolerance is low⁷⁹. Harm reduction is considered by many as not “relevant either to primary prevention efforts with non-users, or to the treatment of serious abuse problems with abstinence-oriented goals” because these require well-developed, whole-of-community, and clinical interventions (Erickson, 1995, p. 284⁷⁸). The primary focus is on reducing harm resulting from drug using, rather than levels of consumption, unless these are causing harm. Programs promoting harm reduction should not be viewed as opposing those promoting abstinence, but can be viewed as synergistic⁷⁷.

Harm reduction recognises that the health of the community also depends on the health of drug users⁸⁰. Reducing harms and minimising risks to both the individual and the community, rather than promoting cessation of use, are regarded as more realistic goals for many drug users.

A broad range of interventions are required to address the variety of individual and social harms that can be caused by drug use⁸⁰. Examples of effective harm reduction initiatives are:

- provision of education and information regarding the harms associated with illicit drug use and injecting drug use
- opportunities for developing safer drug use, including better injection techniques
- peer education
- Needle and Syringe Programs
- broader access to blood-borne virus testing and hepatitis B immunisation
- pharmacotherapies such as methadone maintenance treatment and buprenorphine
- medically supervised injecting centres.

Illicit drug users themselves naturally use their own harm reduction strategies. It is these that should be explored and supported by health and human services⁶⁸.

Socially created harms

A range of socially created harms arise from the legal status and prohibition of drugs, including:

- risks being taken and crimes being committed to procure supply of drugs
- the impact of incarceration on the individual, families and the community
- discrimination and stigmatisation of illicit drug users⁶².

For some illicit drug injectors, the intentions of health promotion activities are undermined by the threat of law enforcement, resulting in:

- not calling an ambulance to attend to an overdose for fear of, or experience of, police becoming involved
- discarding injecting equipment quickly and unsafely to avoid police contact
- not accessing sterile injecting equipment, or treatment or support services, or participating in research for fear of identification

- not keeping or distributing written health information about injecting drug use, for fear of being identified as a drug user
- not reporting assaults, domestic or sexual violence because of ramifications relating to the illicit drug use context.

Injecting equipment sharing

Access to injecting equipment

In addition to increasing access that current injectors have to sterile injecting equipment, the issue of equipment sharing must also be addressed to reduce hepatitis C. Studies of young injectors show that alarming numbers are sharing injecting equipment. One of the main reasons people share is lack of access to sterile equipment^{81, 82, 83, 84}. Many factors impede access to obtaining new equipment, including:

- the unplanned delivery of drugs, and not having equipment on hand at this time⁴⁶
- the cost of purchasing equipment from places such as pharmacies⁸²
- being too shy to access equipment at a youth service where they have a case worker⁸⁵
- humiliation and prejudice from agency staff or pharmacy staff⁸²
- a risk of breach of confidentiality and anonymity by agency staff⁴⁶
- fear that possessing injecting equipment may lead to incrimination, harassment or arrest^{46, 86, 82}
- living in a rural area with limited sources of sterile injecting equipment⁸⁷.

Attempts to avoid some of the risks of accessing sterile injecting equipment potentially increase risks of infection with blood-borne viruses^{46, 88, 48}. Some young people who inject do not have a “safe, secure, clean and quiet place where they can prepare and inject their drugs let alone store clean injecting equipment” (Rance, 1997, p. 33⁴⁹).

Incarceration is another serious impediment to accessing sterile injecting equipment. The provision of injecting equipment is not legal within prisons, despite some recognition that injecting drug use occurs, and despite the over-representation of injecting drug users within prisons^{89, 90, 8}. The sharing of injecting equipment within prisons has been described as “inevitable”, with estimates made of “one needle and syringe available for each five users who inject” within prisons (Falconer, 1999, p. 6⁹⁰). Hepatitis C is

“arguably the major public health challenge facing the correctional setting” (Falconer, 1999, p. 5⁹⁰).

Influence of social relationships on sharing equipment

Understanding the context of injecting equipment sharing is crucial for informing the development of meaningful and successful interventions. One of the most important factors to take into account is that drugs are often used while in the company of others. People develop significant relationships through injecting drug use⁸⁸, and drugs are often objects around which relationships are formed or reinforced⁹¹.

The sharing of injecting equipment within relationships and social networks often occurs when access to equipment is difficult^{92, 93} and when alternative methods of drug administration are not considered acceptable⁹⁴.

Sharing has also been related to:

- the influence of trust in relationships^{81, 46}
- social norms^{81, 93}
- solidarity⁸⁵
- being with relatives^{94, 84, 81, 95}
- dependent and unequal relationships, with females being thought to more often receive used injecting equipment from males^{68, 91}.

Group situations can bring about greater risk-taking than people might engage in individually^{96, 98}. Some are seen as ‘entitled’ to use sterile equipment before others, including the purchasers of the drug, those who obtained equipment and those most experienced in injecting⁹¹. Some people take steps to reduce transmission risks, such as the careful selection of, and sharing with people thought unlikely to be infected with blood borne viruses, including sexual partners⁹³ or newest users⁴⁰. Sharing equipment in groups or with sexual partners is reportedly also part of “bolstering” relationships (Claire, 1996, p. 276⁴⁶).

Risk perception and reduction

Some of the reasons for sharing injecting drug use equipment have been related to a person’s subjective perception, assessment and acknowledgement of risks involved^{68, 81, 93} and to personal bias in the assessment of these risks⁹⁹. Alcohol intoxication and other drug use may also serve to increase risks by reducing clarity of thought, concern for personal safety and decision making¹¹³.

Young people's risk taking has been explained as a "normal adolescent development task" (Wintle, 1991, p. 19¹⁰³). Young people are thought to engage in risk taking if:

...they think there is a reasonable chance of pleasant outcomes... [but] are less likely to engage in risky behaviour if they recognise potentially negative outcomes, but the likelihood of those outcomes is not a clear influence... adult emphasis on the dangers of risk may not be the most effective strategy in dealing with the phenomenon...

(Moore and Gullone, 1996, p. 357¹⁰⁰)

Some injectors are thought to be unconcerned about contracting viruses such as hepatitis C (Treloar et al, 2003¹⁰¹). There is also thought to be evidence of "mindless" or "automatic" injecting, where some injectors take risks because they "...become less aware of the blood present when injecting drugs because it becomes just a part of the process and is taken for granted" (Treloar et al, 2003, p. 4¹⁰¹).

There are likely to be "some combinations" of drug using, risk taking behaviour and specific contexts that lead some people to be more at risk of blood borne virus infection through the sharing of used injecting equipment than others (Loxley and Hawks, 1994, p. 22¹⁰²). It is important to explore why young people engage in that behaviour, as well as the "macro" (external or social) and "micro" (internal and individual) factors that influence risk taking (Wintle, 1991, p. 23¹⁰³).

Reducing risks associated with injecting drug use, such as the sharing of injecting equipment and hepatitis C infection, is a complicated task that requires "not only changing individual behaviour but also the style of negotiation, interaction and behaviour between people" (Connors, 1992, p. 593⁸⁸).

Interventions

Range of interventions

It is essential that hepatitis C prevention and education strategies are designed and delivered with particular sub-populations and their differing hepatitis C prevalence rates in mind^{104, 22}. Other guiding principles suggested are those that encourage the "promotion and development of consumer perspectives and participation", peer education and the implementation of local community directed strategies (Australian Intravenous League (AIVL), 1994, p. 2-3¹⁰⁵).

Social and personal skills development methods have been considered successful in achieving behaviour change "by improving skills to cope with situations where unsafe behaviours are common" (Nutbeam, Blakely and Pates, 1991, p. 980¹⁰⁶). Also,

...interventions that can change an adolescent's risk status for one problem behaviour, are likely to be effective in changing the other risk behaviours.

(Spooner, Hall and Lynskey, 2001⁵⁵)

Essentially, these 'empowerment approaches' are limited to assisting each individual to influence their personal situation, and do not address fundamental social factors responsible for experiences of powerlessness such as poverty, gender and race¹⁰⁶. Strengthening community action about injecting drug use requires:

...an opening of access to information and resources, and support to develop effective leadership and skills in organisation... substantial shifts in the attitudes of society towards drug users, and needs to be reflected in Government policy and police action.

(Nutbeam, Blakely and Pates, 1991, p. 981¹⁰⁶)

Interventions informed by the Ottawa Charter for health promotion attempt to generate change through:

- building healthy public policy
- facilitating community action
- creating supportive environments
- developing personal skills, and
- reorienting services towards prevention efforts¹⁰⁷.

Education messages

In the short term, people who inject drugs must be provided with information about risks associated with sharing all injecting equipment such as spoons, filters, water and tourniquets, as well as needles and syringes^{105, 108}. Awareness must also be raised among young people about the possibility of hepatitis C transmission through casual blood contact, sharing toothbrushes and razors; and through tattooing and body piercing¹⁰⁸. Education and intervention messages need to encourage people who inject drugs to "plan ahead, so that they will be sure to have sterile equipment available" (Schneider Jamner, Corby and Wolitski, 1996, p. 1285¹⁰⁹). Education must move beyond:

Merely emphasizing the risks of sharing syringes or other drug injection equipment... High priority must be given to educating drug injectors on those drug sharing techniques which potentially allow for virus transmission. However, merely telling users to stop sharing drugs – a behaviour that fulfills multiple positive functions in the drug using community – is unlikely to work. It is both overly simple and at odds with instrumental interests and community norms. Instead, such education could be well integrated with safer injecting training...

(Grund et al, 1996, p. 699⁹¹)

Hepatitis C prevention can usefully occur before a young person ever injects drugs, through general blood awareness education, as well as at the time of first beginning to inject, and when injecting becomes established. A range of information provision modes and messages are required, to match the context from which information is being delivered, and the injecting situations in which risks are taken or harm experienced¹¹⁰.

Holistic response

The following quote describes an holistic approach to preventing hepatitis C among young injecting drug users (IDU).

Various levels of responsibility can be identified in ensuring the safety of injectors and society – for example, society can foster an environment in which injecting drug use is treated in an informed, productive way, the government can provide equipment, facilities and support (NSP, information networks, treatment centres, publicly funded advocates and researchers and medically supervised injecting centres), and IDU can assume a level of individual responsibility for safe injecting practice.

(Treloar et al, 2003, p. 2¹⁰¹)

Section 3: Guidelines



Beyond Transmission: Guidelines for hepatitis C education targeting young people who inject drugs

Guidelines for hepatitis C education targeting young people who inject drugs

Acknowledgement

Many of the Guidelines presented in this section are based on work by Brisbane Youth Service and Queensland University of Technology, on *The role of amphetamine injection risk behaviours in hepatitis C and drug use risk behaviours project* (report written by A. Davies and others, 2002).

The report can be downloaded at:

<http://www.health.qld.gov.au/phs/Documents/cdu/20541dmp.htm>

Structure of the guidelines

This section presents information, principles and strategies to guide hepatitis C education. This occurs in two parts:

- General guidelines which inform a broad range of hepatitis C education opportunities
- Specific guidelines which focus on preventing or responding to some specific issues that many young injectors experience, such as vein damage.

The general guidelines and specific guidelines are each divided into three categories: all, non-core and core. These categories are explained in the 'Introduction' at the beginning of this resource.

General guidelines

The general guidelines are applicable for a wide range of hepatitis C education strategies, modes and settings. Some are applicable for hepatitis C education targeting the general population of young people, whilst others relate to education for young people with considerable injecting experience.

Specific guidelines

The specific guidelines relate to particular and often complex issues that young injectors often experience. These issues are explored because they provide insights into injecting drug use practices and risk taking behaviour. Understanding these issues is crucial for devising relevant hepatitis C prevention strategies.

Specific guidelines: topics and structure

Specific guidelines are about:

- poly drug use
- initiation into injecting drug use
- commitment to injecting
- matching perceptions: identity and behaviour
- sharing injecting equipment
- environment when injecting
- harms associated with injecting
 - a. overdose
 - b. vein care
- testing for hepatitis C
- hepatitis C positive young people.

(Please note that the general guidelines are also relevant to each of these topics).

Specific guidelines are structured as follows.

1. What we know

This section presents research and other information that contributes to current understanding of young people’s injecting drug use. This information provides a basis for the guidelines and reflects evidence-based practice. A wide range of information has been drawn upon, recognising the importance of:

- current experience, knowledge and ‘practice wisdom’ of service providers and educators who engage with young injectors
- published literature and research
- policy documents
- reports, presentations and newsletters about projects and services relevant for young injectors.

2. Implications for practice

This section answers the “so what?” question that sometimes arises after reading research reports. This section analyses information presented in the ‘What we know’ section, and outlines things that may need to be taken into account when responding to particular issues faced by young injectors.

3. Guidelines

This section presents the guidelines for hepatitis C education. The guidelines are divided into the all, non-core and core categories, as outlined in the ‘Introduction’ section at the beginning of this resource.

4. Links, resources and information

This section provides links to current existing resources and information sources where possible, to assist in the implementation of the guidelines.

All guidelines are best understood in the context of the ‘Working with young drug users’ section of this resource, which presents information about strategies for service delivery and interventions relevant to young people who inject drugs.

Before delving into the *Guidelines for hepatitis C education targeting young people who inject drugs*, we thought it necessary to outline the theory on which the guidelines are based.

Injecting drug use in context

Preventing hepatitis C transmission among young people in general, and young injectors in particular, will require professionals working with youth to develop and implement prevention and education programs that are easily understood, accessible, non-judgmental and appropriate to the contexts in which young people make decisions about injecting drugs (Batey, 2000, p. 2¹).

Interpreting drug use

According to Australia's National Drug Strategic Framework 1998-99 to 2002-03, a comprehensive harm minimisation response to drug use must take into account three interacting components:

- the individuals and communities involved
- their social, cultural, physical and economic environment
- the drug itself².

This harm minimisation framework reflects a similar interpretation of drug use as that put forward by Zinberg³. Zinberg argued that drug use could not be understood in isolation from the context of use, and that it should be seen in a social and cultural context, rather than through the historically dominant belief that the use of all illicit drugs would inevitably lead to 'addiction'⁴.

The three characteristics of Zinberg's model are:

Drug: pharmacology of the drug

Set: the individual's attitude, personality and expectation

Setting: the physical and social environment where the drug is being used.

(Keenan, 1998, p. 64⁴)

These three aspects of drug use interact to produce the individual's drug use experience.

When we understand behaviour of a drug user (or users) as situated in the broader personal, social and legal context there is a greater capacity for insight into the meaning of drug use to that group or individual.

(Keenan, 1998, p. 65⁴)

The complex number of issues (for example drug interactions; individual expectations of how the drug will feel and tolerance levels; and drug use in a public versus private place) that can be factored into this model highlights how difficult it can be for outsiders to understand a drug users' experience.

Interpreting the risks associated with drug use

The above model provides the means by which a perception of drug use can be broadened beyond the pharmacological makeup of the drug and its addictive qualities. It offers the opportunity to recognise that drug use and the ways drugs are used is also influenced by meaning and circumstance. Therefore, interpretation of risky and harmful drug use behaviour can also be interpreted within the three categories of drug, set and setting.

When it comes to blood-borne virus prevention, the priority has been to provide drug injectors with information about the technical aspects of injecting, over and above other issues that contribute to and make up the injecting experience. The focus has been on education about learning to inject and not sharing injecting drug use equipment. Little support has been provided for injectors to achieve safer injecting in their individual and social contexts. The focus on the technical aspects of injecting ignores that:

Drug sharing plays a crucial role in the social organisation of the drug using subculture.

(Grund et al, 1996, p. 691⁵)

In terms of hepatitis C transmission it is often stated that, "...regardless of the level of information or desire to use safely, users are often unable to translate theory and principles of 'best practice' into reality of safer drug use (Kelsall and Kerger, 2001, p. 334⁶). That, "very often it is the situation or the social relationships involved which dictates what happens, or conspires against safer drug use" (Kelsall and Kerger, 2001, p. 334⁶). There are interrelated individual, social and environmental issues that combine to influence the successful interpretation and application of hepatitis C prevention and safe injecting information/education into knowledge, and then into practice⁷. Therefore, situating injecting behaviour in a broader context is crucial to the development of innovative hepatitis C prevention strategies (see the 'Working with young drug users' section for more discussion).

For example, harm reduction strategies aimed at reducing the sharing of injecting equipment needs to account for the meaning of sharing⁴ and the circumstances under which sharing is taking place. It is worth noting there are an indefinable number of factors that could potentially influence any single injecting drug use experience. Nonetheless, and by way of creating some insight into the types of issues

that influence injecting drug use episodes, some examples are listed below.

- Drug: Type of drug
Mode of administration
- Set: Perception of self as drug user: perception of self as a drug user may be influenced by the type of drug used rather than frequency of use. Perceptions of self as an experimental, **recreational** or **dependent** drug user appear to relate to an overall conceptualisation of drug use. Despite variations and dependency being associated with individual drugs⁸.
- Level of injecting autonomy: the level of self reliance or responsibility a person takes for the financing, seeking, mixing up and administration of the drug.
- Setting: Social context: place where drug use takes place and the relationships between those using the drugs.

Injecting scenario

A young injecting drug user perceives her regular use of amphetamine as harmless because she relates harm to stereotypes about dependent heroin use/users: junkie. This is in part based on a dominant belief that amphetamines are 'not dependent forming and therefore not harmful', which by inference extends to a perception of self as only a recreational drug user, despite regular and frequent use.

As a means of limiting her drug use she does not learn to inject herself, therefore relying heavily on other injectors for obtaining, mixing up and injecting the drug. This young person also lives at home with her parents and often uses and injects drugs in her friend's car.

Risks

The risks for hepatitis C transmission that this young person exposes herself to are not solely mitigated by herself – but arise because of social stereotypes, living circumstance and an inability to exert, to any great extent, influence over her own drug use experience. In other words she has limited 'power' in the injecting situation.

Additionally, injecting in cars can create high risk situations in terms of managing hygiene, is high risk for overdose and often means the injection process is rushed due to public exposure.

One particular young injector has been described using the headings above, however, these headings can be applied a range of other injecting scenarios.

Consideration of the meaning, context and behaviour displayed in an injecting episode is important when it comes to the development of prevention and intervention strategies.

Expanding understanding about how these things interrelate for individual young injectors has the potential to penetrate some of the more challenging aspects of injecting drug use that contribute to unsafe injecting and increasing rates of hepatitis C among young drug users.

General guidelines

The general guidelines presented over the following pages apply to a broad range of hepatitis C education situations.

ALL

All levels of contact with young injectors

Social relationships

The following topics can be explored with young people, that will have flow on effects into drug use relationships:

- the types of relationships the young person has
- negotiation skills and trust
- how greater self-reliance can increase positive health outcomes
- gender inequality issues – historically and personally.

Life skills

Engage with young people about general life skills that underpin a range of situations including injecting drug use:

- concepts of health and safety
- personal power
- decision making
- negotiating the health system.

General information

Provide general hepatitis C and **blood awareness** and hygiene information to young people.

Approach

Develop an organisational agreement about the approach and role to be taken with young injectors, such as whether to:

- reduce harm by promoting self-reliance
- provide information about drugs and hepatitis C, or
- refer onto other services.

Assumptions

Do not assume that all injecting drug users are the same, just because they inject.

Language

Avoid using jargon, abbreviations, technical terminology and labels used by health and human services when engaging with young people and developing interventions.

- Some language is useful for young people to understand and use, so provide clear explanations and examples.

Resources

Ensure resources are on hand that are appropriate for young drug users, whether this is referral or safer injecting information. Information should be:

- up-to-date
- 'youth friendly'
- changed regularly
- through a wide range of formats
- detailed yet easy to understand.

Hepatitis A and B

Improve access to hepatitis A and B information, testing and vaccination.

NON-CORE

Those who have occasional contact with young injectors

Hepatitis C

Provide young people with information about hepatitis C transmission, symptoms, progression of chronic infection, psychosocial impacts and effectiveness of current treatments.

Access to information

Enable access to 'safer injecting' information.

- Drug injectors require access to print and verbal information about safer injecting, and the harms associated with sharing injecting equipment.
- Keep a range of up-to-date information on hand, or know where to access it. Much of the information about injecting drug use is for specific target audiences and should only be displayed accordingly.

Injecting equipment availability

Raise awareness of a range of access points for injecting equipment, including Needle and Syringe Programs (NSPs) at government services, hospitals and community based organisations, and pharmacies.

- Keep information on hand about this, or know how to access it.

CORE

Those who engage with young injectors regularly

Knowledge of injecting

Keep up-to-date with how young people inject:

- various types of drugs used and injected
- social contexts in which injecting occurs
- practices and equipment used
- harms experienced
- strategies used in an attempt to reduce harms.

Direct targeting

Directly target young people who inject drugs, with information about preventing hepatitis C transmission through safer injecting drug use.

Influence injecting

Information provided must be able to influence safer injecting practice. It should:

- answer the question "how can blood borne virus transmission be prevented through my usual situation/s of injecting?"
- take into account how injecting occurs with other people, as well as processes and situations that might need to change in order to increase safety
- promote strategies for reducing injecting risks across the range of locations that people inject in, such as homes and cars.

Self-reliance

Explain how greater self-reliance can reduce risks with injecting.

Work with young injectors to decrease their dependency on others for all aspects of the injecting process. Explore:

- reasons for not injecting self, if applicable
- what they have done themselves, or helped with, in the injecting situation
- roles people take when injecting
- differences in the way people have injected them
- elements of the injecting process they could take more responsibility for
- ways they would best learn about injecting practice.

CORE

Those who engage with young injectors regularly

Non-injecting

Information about non-injecting routes of drug administration should be provided for young people who have experimented with injecting, but who do not use injecting as their main mode of drug administration.

- This may improve levels of satisfaction with non-injecting.
- Information will need to be detailed about methods of administration, legal status and reducing harms.

Injecting others

Engage with current injectors of all ages about strategies to reduce risks when ‘initiating’ and injecting young people. Explore:

- why are some injectors asked to give others their first injection?
- how do you feel about injecting others for their first time?
- how did you learn to inject?
- what kinds of information do you pass onto others, and how?
- what are the qualities of useful and reliable information?

Modes of learning

Risk reduction information should be available through a range of modes, including written materials, safer injecting workshops and visual demonstrations, audio/visual products, assistance with specific aspects of injecting, and discussion.

Effectiveness

Ascertain the extent to which young people understand information provided. Where feasible:

- ask young people to explain to you how to inject – this can demonstrate their knowledge of safer injecting behaviours
- use games (such as the ‘Safer injecting game’) to explore the injecting process
- undertake needs assessments or research about young people’s knowledge, attitudes and behaviours.

Peer education

Involve young people, and their friends and lovers, in development and implementation of risk reduction strategies.

- Assumptions must be avoided about “who is a peer”.

Equipment availability

Ensure the accessible availability of all equipment required for injecting drugs.

- Availability of sufficient equipment is an important part of reducing sharing.
- If some equipment is not available free of charge, such as sterile water, make it available for sale.

Monitor health

Encourage continued monitoring of health status of young people diagnosed with chronic hepatitis C.

Training and development

Provide training and development opportunities to medical and other services who come in contact with young injectors, about:

- how to best engage with young injectors
- the range of issues they may face, and the most appropriate response
- referral organisations.

The general guidelines in the table above are considered applicable for many of the education and service delivery contexts that involve young people who use and inject drugs.

The specific guidelines in the following sections are relevant for particular situations and issues associated with young people’s injecting drug use.

Specific guidelines

This section presents guidelines about specific areas of focus. These are target areas for interventions.

Poly drug use

Definition

Poly = more than one.

Poly drug use refers to two separate but overlapping patterns of licit and illicit drug use.

1. The use of a range of drugs over the course of time – this may be related to fluctuations in cost, availability and purity of various drugs.
2. The simultaneous use of a number of different drugs within a single session of usage – often the intention is related to enhancing, maximising or offsetting the effects of another drug.

What we know

Studies into drug trends, drug use and related issues indicate that poly drug use and poly injecting drug use is the norm despite individuals displaying preferences toward a specific drug at any given time^{9,10,11,73}.

There are countless combinations and patterns in which people use drugs. Some drug users may use a range of drugs infrequently and in small amounts. Others may be dependent on a range of drugs¹³. Background use of drugs such as cannabis and alcohol can also remain stable despite fluctuations in experimental, recreational or dependent use of other drugs including injected drugs⁹.

That a person uses numerous drugs at any given time, does not itself indicate drug dependence. Nor does it predict the level of harm a person might experience with their drug use. Poly drug use may, however, be implicated in increased overdose risk and higher levels of injecting risks¹³.

Poly drug use can be a challenge for workers attempting to deliver harm reduction interventions. It is difficult to keep up-to-date about changes in drug availability and usage trends. Also, addressing harms related to the use of one drug may be difficult, if harmful use of other drugs is not also known and addressed.

Implications for practice

- Due to fluctuating patterns of drug use, education interventions may be relevant and useful at some times, but not at others.
 - If you are seeing the same young person over time, do not assume their drug use patterns are stable.
- Interventions need to take into account interaction between the range of drugs (both injected and non-injected) being consumed together.
 - Injecting is one of a range of modes of drug administration, and only one of a range of drug use concerns.
- Risks differ according to drugs used and the context in which they are used. Some injecting situations may be riskier than others. For example, a young woman may inject amphetamine at home with one other person, but at times may also inject heroin quickly in a public toilet by herself, and on occasion may inject her methadone dose.
- There may be indirect avenues through which poly drug use issues can be explored. For example, dehydration and overdose issues may create opportunities for talking about poly drug use.

General guidelines

Poly drug use

ALL

Drug trends

All levels of contact with young injectors

Familiarise yourself with, and improve access to information regarding current drug trends in your region.

Putting poly drug use on the agenda

Where appropriate, clarify the range of drugs that a young person is using at any given time, by asking questions in the following situations:

- informal conversations
- workshops
- brief assessment processes
- formal assessments
- intake procedures
- questions asked when providing injecting equipment at a Needle and Syringe Program (NSP)
- data collection for funding requirements.

Questions to ask

Explore the following aspects of poly drug use:

- drugs used in the last week
- ways each drug is used, such as swallowing or injecting
- times that drugs are used (such as going out or going to sleep)
- any negative effects related to drug use in the last week.

Drug information

Provide access for young people to general drug information, including pamphlets, posters, audiovisual material and websites.

Drug interactions

Provide information about how drugs interact when used together and harms that arise, or know how to access this information.

Overdose

Provide information on drug overdose, or know how to access it.

NON-CORE

Those who have occasional contact with young injectors

Drug related issues

Discussing the variety of drugs that a young person uses, can create inroads into discussing other drug use behaviours, including injecting. This may provide opportunities to explore safe injecting practices, including blood awareness and blood-borne virus prevention.

CORE

Those who engage with young injectors regularly

Drug interactions

Reinforce that all drugs can interact when used together, and that this can cause increased risk of overdose and negative physical and psychological effects.

Overdose

Drug overdose information should be expanded beyond being about how much of a drug is taken, to reinforce that overdose is caused by interaction between more than one drug taken.

Contextualise drugs used

It is important to not only target the primary drug used, or only the drug that is injected. Harm can arise from the use of all drugs, and the interaction between drugs used.

Identifying drugs used

Promote a dialogue with young people that offers the opportunity to explore the range of licit and illicit drugs they are currently using. For example:

- If the young person is injecting amphetamine, it is reasonable to talk about the types of **'come down'** drugs they take after using amphetamine binge. Following on from this, offer information about other come down strategies.
- If the young person is using heroin, create opportunities to discuss whether heroin is used in combination with other drugs including alcohol and **benzodiazepines**, which can contribute to greater overdose risk.

Links, resources and information

Information

See the quick reference guide at the end of this document for a brief overview of the following information:

- amphetamine
- cocaine
- heroin
- comedown
- dependence
- drug interactions
- overdose
- recreational drug use
- tolerance
- withdrawal.

Drug trends

Make contact with key drug and alcohol organisations in your area in order to keep up-to-date with current drug trends in Queensland in general, and in your region in particular. For Queensland drug trends, the following reports are useful.

Fischer, J. & Kinner, S. (2004). Queensland Party Drug Trends 2003: Findings from the Party Drug Initiative (PDI). Randwick, NSW: National Drug and Alcohol Research Centre.

Kinner, S. & Fischer, J. (2004). Queensland Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS). Randwick, NSW: National Drug and Alcohol Research Centre.

These reports can be ordered from:

The Resource Officer, NDARC

Telephone: 02 9385 0333

Email ndarc@unsw.edu.au

Alcohol, Tobacco and Other Drugs Unit (ATODU), Queensland Health www.health.qld.gov.au/atods/default.asp

For information regarding the location of your nearest ATODU, call the 24 hour Alcohol and Drug Information Service (ADIS): 07 3236 2414 (Brisbane) or 1800 177 833 (regional Queensland only).

Australian Drug Foundation

The Australian Drug Foundation (ADF) offers links to a range of services and resources. ADF contact details are:

Telephone: 03 9278 8100

Email: adf@adf.org.au

www.adf.org.au

The following three sources of information are administered by the ADF.

- The *Australian Drug Information Network* provides links to a comprehensive range of websites and information resources on alcohol and other drugs. Visit www.adin.com.au
- A catalogue of *Drug Education Resources* is available at www.drugedresources.adf.org.au. Or, email edres@adf.org.au or telephone 03 9278 8100.
- For quality, up-to-date information, look into the *Drug Info Clearinghouse* at www.druginfo.adf.org.au or email druginfo@adf.org.au

Alcohol and Drug Council of Australia (ADCA)

The ADCA website contains an online drug information database, as well as publications, resources and links to other agencies. Through the ADCA website, an email list-server can be joined, to receive daily updates about drug use issues. ADCA contacts details are:

Secretariat: telephone: 02 6281 0686

Email: adca@adca.org.au

National Resource Centre: telephone: 02 6281 1002

Email: resource.centre@adca.org.au

www.adca.org.au

Australian Government Department of Health and Ageing

To access the Australian Government's information and publications about drugs, visit:

www.health.gov.au/internet/wcms/publishing.nsf/Content/Drugs-1

Other topics of relevance for young drug users

Other information that may be of relevance for young poly drug users includes:

- the law, fines and penalties for illicit drug use
- driving while influenced by drugs
- pregnancy and breastfeeding
- hygiene
- blood-borne virus transmission.

Information about these topics can be accessed through the agencies listed above.

Initiation into injecting

What we know

Initiation into injecting drug use is high risk in terms of hepatitis C transmission. At this time, young people often have low levels of knowledge about how to inject and how to prevent infection through injecting drug use practice^{14, 15, 16}. While they have been described as “active player[s] in the event” of beginning to inject (Crofts, Louie, Rosenthal and Jolley, 1996, p. 1194¹⁸), they are often completely reliant on others for purchasing the drug, obtaining injecting equipment, standards of hygiene, drug administration and after care^{8, 19}. New injectors are generally not in a strong position to negotiate and ensure their injecting experience is as safe as possible¹⁷.

First injecting is often part of a social situation involving friends and lovers⁸, and young people are frequently affected by drugs other than the one first injected^{14, 15}. First injecting is generally spontaneous and opportunistic. There are many reasons why young people begin to inject drugs, which often relate to the desire for experiencing the effects of a drug via injection^{16, 20}.

Young people generally do not ask prior to, at the time of, or during subsequent injecting situations, to be taught about methods for safe drug injecting, or blood-borne virus transmission prevention¹⁵. Nor does the injector (initiator) usually offer this⁸. This is concerning because “the way in which a person is first initiated into injecting is likely to influence their subsequent behaviour in relation to risk of blood-borne virus transmission” (Louie, Crofts and Rosenthal, 1994, p. 9¹⁶). Challenging misinformation and unsafe practices can be difficult, because of distrust young injectors often have for non-peer sources of information about illicit drug injecting²¹.

Young people new to injecting drug use are thought to have low levels of knowledge about and use of services that provide injecting equipment²². Instead, injecting equipment is obtained through friends and lovers who inject⁸.

Implications for practice

- Young people are usually already involved in drug use and injecting risk behaviour for hepatitis C infection, before they learn how to prevent infection from occurring.
- There are broadly three opportunities for providing hepatitis C information to young people.
 - General blood awareness and hepatitis C information targeted at all young people.
 - Blood-borne virus transmission and safer drug use for young illicit drug users prior to ever injecting.
 - Specific information about hepatitis C prevention through safer injecting practice, through a range of modes, for young people new to injecting drug use.
- It is important to make contact with young people early on in their injecting experience. However, there are many barriers to achieving this, particularly that most young people will not engage with service providers about transitioning to injecting. It is not until harms have been experienced that young people will generally seek assistance.
- Promoting and supporting autonomy and self-reliance among young injectors reduces hepatitis C transmission risks. Limitations may be imposed on achieving this, including organisational or attitudinal concerns, lack of resources and knowledge, and distrust by young injectors of non-peer information sources.

Guidelines

Initiation into injecting

ALL

Resources

All levels of contact with young injectors

Provide general information about reducing harms associated with drug use and drug injecting.

NON-CORE

General information

Those who have occasional contact with young injectors

Ensure resources are on hand that are appropriate for new injectors, whether this is referral or safer injecting information.

CORE

NIROA

Those who engage with young injectors regularly

Information about non-injecting routes of drug administration (NIROA) may be useful for young initiates who have experimented with injecting. See the 'Commitment to injecting' topic later in this section.

Self-reliance

Work with new injectors to decrease their reliance on others for all aspects of the injecting process. Explore:

- reasons for not injecting self, if applicable
- roles people play in the injecting situation
- elements of the injecting process for which they could take more responsibility
- ways they would best learn about injecting practice.

Education

Create opportunities for visual demonstration of current best practice injecting. Combine this with written information and verbal explanation.

Initiating others

Engage with current injectors of all ages about strategies to reduce risks when initiating young people. Explore:

- why are some injectors asked to give others their first injection?
- how do you feel about injecting others for their first time?
- how did you learn to inject?
- what kinds of information do you pass onto others, and how?
- what are the qualities of useful and reliable information?

Links, resources and information

Initiation into injecting

For a specific resource about delaying young people's initiation into injecting, see *Break the Cycle*, at www.health.qld.gov.au/atods/publications.asp

Initiation into injecting research report

A copy of the research report, *Risk for hepatitis C: Transition and initiation to injecting drug use among youth in a range of injecting drug user networks*, by C. Treloar and others in 2003, can be downloaded from:

http://nchsr.arts.unsw.edu.au/hepatitis_c.html

Or, contact the National Centre in HIV Social Research (NCHSR), University of New South Wales:

Telephone: 02 9385 6776

Email: nchsr@unsw.edu.au

The NCHSR also have many other publications relevant to injecting drug use and education about hepatitis C.

Opportunistic interventions package for Needle and Syringe Programs

The following resource provides a range of information about injecting drug use, relevant for opportunistic interventions. Information is presented in a display folder, comes with a CD-ROM and pocket-sized cards for clients:

Short and sweet: An opportunistic intervention for hepatitis C prevention

Alcohol and Drug Service, Prince Charles Hospital and Health Service District, Queensland Health

Telephone: 07 3236 2414

Please note this package is only available for Needle and Syringe Program staff.

Practice wisdom

The following document outlines principles and practices for working with marginalised young people, including young people who inject drugs:

Sexual health: A practice wisdom document.

Written by Sarah Roberts and published by Brisbane Youth Service, 2003

Telephone: 07 3252 3750

www.brisyouth.org

Resource cost: \$33.00

Commitment to injecting

What we know

Some young people develop a preference for injecting drugs, rather than using other administration methods such as sniffing or swallowing^{8,23,72,24,16}.

In a study of 150 young people who defined themselves as recreational amphetamine injectors⁸, the most frequently reported reason cited for ever stopping injecting was 'if they died' (67.8%). This high level of commitment to a potentially problematic behaviour is not uncommon among young people who have encountered none or only minor negative experiences with perceivably high risk situations. However, it does indicate a high level of commitment to injecting at that point in their injecting history.

Even though a quarter of the survey respondents only ever injected once a month or less, generally there were very high levels of commitment to injecting. Fear of transmission of hepatitis C or HIV scored low on reasons to stop injecting⁸.

These levels of commitment to injecting reflect there are "powerful cultural, pharmacological and economic factors which strongly reinforce drug injecting" (Wodak, 1997, p. 275²⁵). These include:

Knowledge about non-injecting routes of administration

- Drug users may have limited knowledge of how to prepare and use non-injecting routes of administration for each different drug they use²⁵.
- It is illegal to possess any implement for the administration of drugs except needles and syringes. Therefore knowledge of paraphernalia laws is necessary to avoid criminal prosecution for using non-injecting routes of administration. This may compromise choices about modes of administration²³.

Cost effectiveness of injecting

- Smaller quantities and lower purity of a drug is necessary for injecting²⁶. To quote one illicit drug user, "I knew someone who was using \$50 a day and needed to use \$200 a day when she started smoking it" (Roberts and Williams, 2001, p. 19²³).
- Some drug users are already dependent on injecting an amount of drug that is very costly. The greater cost of using larger amounts of drugs through non-injecting methods could result in a range of health and social issues.

- Drug users have been reported as reluctant to experiment with different drug use modes. One drug injector said, "I'll get sick if this doesn't work but I'd be prepared to experiment if it was with free dope" (Roberts and Williams, 2001, p. 17²³).

Positives associated with injecting

- Injecting is considered an efficient mode of drug administration
- The 'rush'⁷²
- The habit of needle use, the ritual of injecting, the culture of injecting and a psychological addiction to needles are all often associated with injecting²⁰
- At the time of initiation into injecting, non-injecting modes of administration may not be considered an option¹⁵.

Health issues

- Non-injecting routes of administration are often associated with their own negative health issues²⁶.
- Movement from injecting to non-injecting is most often related to a person's concern about their immediate health, and because of specific issues such as collapsed veins²¹.
- People rarely identify risk of hepatitis C transmission as a reason to stop injecting⁸.

For the above reasons, injecting drug use becomes established quite soon after the first injection, and this occurs whether a person can inject themselves or not⁸. A commitment to injecting continues despite negatives associated with injecting, including injecting related harm, health problems or the impact of law enforcement²¹.

When non-injecting methods are used, it is only on occasion, and as a temporary alternative to injecting²³. Reasons described by young people new to injecting have included:

- curiosity about smoking heroin
- being by themselves and not knowing how to inject
- being with friends who do not like injecting drug use, who were drinking their drugs
- not being able to access clean injecting equipment¹⁵.

Moves to encourage current injectors to use alternative routes of drug administration must address the factors that make injecting a very real option²⁴. Burrows (1996, p. 217) also states “it is difficult to see what arguments will persuade non-injecting drug users not to experiment with injecting”²⁰.

Implications for practice

- As injecting drug use becomes established quite soon after first injection, realistic and useful information about injecting is required early to prevent harm occurring. However, there are many barriers to achieving this, particularly that young people do not often engage with service providers about beginning to inject drugs.
- Injecting is something that may be able to occur with limited levels of risk. To successfully implement safe practices, young people require detailed information about injecting, which is contextualised to their personal situation and matched with their learning styles.
- The perceived positives associated with injecting are very real barriers for the promotion of non-injecting routes of administration as a hepatitis C prevention strategy.
- Changes in prices, purity and availability of drugs are necessary in Australia before some drugs could be used through non-injecting with the same perceived cost-effectiveness that is afforded through injecting.

Guidelines

Commitment to injecting

ALL

Access to information

All levels of contact with young injectors

Ensure young people have access to general drug education, through a range of formats.

NON-CORE

Reducing harms with drug use

Those who have occasional contact with young injectors

Information about reducing harms associated with (non-injecting) drug use is necessary:

- within general drug and alcohol education
- for those who are beginning to use illicit drugs, or are using recreationally and have not injected.

CORE

Explore drug use

Those who engage with young injectors regularly

Assist young people to better understand their own drug use. Explore:

- the context when they use
- what they do while affected by drugs
- methods of administration
- future expectations regarding their drug use
- negative health concerns
- values and attitudes about injecting drug use.

Commitment to injecting

Ascertain levels of commitment to injecting by exploring with young people:

- their reasons for injecting
- harms experienced as a result of injecting
- knowledge and experience of non-injecting drug use.

Non-injecting

Information about non-injecting routes of drug administration is relevant for:

- young people who have experimented with injecting, but who do not inject as the main mode of drug administration
- people who only inject particular drugs, but this is only on occasion
- regular injectors, as they may want breaks from injecting, such as following an overdose when tolerance has decreased, or when trying to decrease drug use, or when veins are damaged
- times when sterile injecting equipment is not available such as in prisons, for those who live some distance from Needle and Syringe Programs (NSPs) or pharmacies, or when NSPs or pharmacies are closed.

CORE

Future drug use

Those who engage with young injectors regularly

Information will need to be detailed about methods of administration, legal status and reducing harms.

Where appropriate, explore with young people their perception of their drug use in the future:

- how much and how often they expect to be using
- whether and when injecting drug use would cease
- how they would cease drug use and where they might go for assistance
- harms they feel they may experience
- stories of other people they have known.

Links, resources and information

Scenario

Instead of links to other resources and services, a scenario is presented in this section. This scenario is useful for insights into the different ways that people experience injecting drug use.

Read the following scenario. Identify:

- risks related to drug use and injecting equipment use that each person faces
- issues that arise due to relationship dynamics
- avenues through which hepatitis C prevention could be explored with each of the people
- implications for risk reduction interventions, that arise from this injecting situation and related to each person.

Consider some possible hepatitis C prevention strategies and interventions.

Words in bold are defined in the quick reference guide at the end of this document.

Zoe is with her new boyfriend Jack. They are at Billy's house with another friend, Jane. They've been looking forward to the weekend, and Jack has **scored speed** and a 10 pack of **fits**. Billy has used speed a few times before, but has never injected it. Tonight he's keen to try using it in another way instead of swallowing it like he has previously. Jane has injected speed a few times, but has never injected herself. Zoe has never used or injected speed, but like everyone there, **smokes pot** reasonably regularly and has tried ecstasy a few times.

Zoe knows and has seen Jack regularly inject, but she starts to feel less and less comfortable in the relationship because she is not injecting speed. She is quite unaware of drug use except in the media, and does not know amphetamine can be used in other ways besides injecting. She is uncertain about having her **first shot** but there's not time to talk it through, with everything else that's going on, like getting ready to go out...

Jane wants to learn to inject herself so she watches the others inject and then does herself. Jack uses a new needle/syringe to **draw up** sterile water, which he squirts into the clipseal bag the speed came in. Jack gives Jane a syringe which she dips into the **clippy bag** and **draws up**.

Jack being the most experienced injector reluctantly injects Zoe and Billy, before injecting himself. He tells them nothing about injecting techniques or what to expect in terms of the effect and they don't ask. Jack **swabs** their arms and after injecting holds his thumb over their **injection site** to stop the little bit of bleeding.

Billy **recaps** Zoe's and his fits, and puts them and all the other rubbish in a **disposal container**.

See Appendix I for an analysis of this scenario.

Matching perceptions: identity and behaviour

What we know

Young injectors often define themselves in relation to other injectors. The way that an injecting drug user perceives themselves impacts on the way they understand and take risks when injecting drugs.

Injecting drug users' self-identities are sophisticated and differentiated. They are augmented through, and are tied to, particular social circumstances and practices²⁷. Reith²⁸ argues "...discourses of addiction and identity are in constant process of interaction with actors who modify, adopt and otherwise transform them" (2004, p. 293).

Some injecting drug users have a tendency to use their interpretation of a dependent heroin injector (which is consistent with stereotypical depictions of a heroin addict or junkie), to measure the harmfulness or otherwise of their own drug use. The image of a 'desperate junkie' is used to provide a point of contrast from their own personal styles of use, and to define a type of user 'they, themselves' are distinguished from^{27,29,8}. For example,

"I do keep it as a recreational thing...I'm not a junkie."

(in Plumridge and Chewynd, 1999, p. 332²⁷)

Some injectors attribute positive characteristics to themselves, such as being committed to safe injecting, while attributing negative characteristics such as high-risk practice to 'others'^{29, 8}. As one young recreational amphetamine injector said,

"You go get a bag of speed, put it in your pocket and go oh yeah, I'll go and grab some sharps. But from what I've noticed, all the heroin addicts or people that I know who use hammer, soon as they get on, they have to have a shot right there and then."

(in Davies et al, 2002, p. 29⁸)

Recreational injectors have put forward individual traits such as self-will and self-control to distinguish themselves from 'junkies', who in contrast are perceived as having no self-control (Plumridge and Chewynd, 1999, p. 334²⁷).

Unrealistic optimism or optimistic bias comes into play, where individuals assess themselves to be either not vulnerable, or less vulnerable to harm than others³¹. For example:

"[I know others who] started using at the same time as me. They're addicted. They have to have [] shots everyday...in less than half a year and that's [] stupid and I consider myself smarter than that...being a junkie would be a shit way to be, the way I see it."

(in Plumridge and Chewynd 1999, p. 334²⁷)

"I've got an addictive personality but if it gets out of hand I can keep a handle on it and I don't see it getting out of hand."

(in Plumridge and Chewynd 1999, p. 337²⁷)

Moreover, findings regarding HIV injecting risk behaviours suggest that:

...by locating risk within groups rather than within behaviours, respondents were able to distance themselves from the probability of infection.

(Loxley, 1998, p. 221⁷)

As well as separating themselves out from 'other types of users' and 'other types of risks', some young injectors are thought to subjectively delineate between their use of different drugs. They have a tendency toward compartmentalising their drug use, based on the particular relationship to each drug they are currently using. For example, despite 73% of a sample (N=150) of young injectors stating they would normally describe themselves as recreational drug users⁸:

- 52% considered themselves to be currently dependent on drugs
- 38% considered themselves to be currently dependent on marijuana
- 24% were dependent on amphetamines
- 13% were dependent on alcohol.

There was also a tendency among some young people to perceive amphetamine as a benign drug compared to other drugs:

"Strange, but if I have a bit of speed, I don't feel guilty like I would if I had used heroin. I steer clear of that but speed, it doesn't seem as much of a dangerous drug to me. It's more like a fun drug."

(in Davies et al, 2002, p. 29⁸)

"I can't really relate to an overdose of speed, apart from feeling like my heart's going to jump out of my chest...people get off their head and get psychosis and look a bit green... Oh I've felt like absolute shit. Probably because it's just shit quality speed on the streets..."

(in Davies et al, 2002, p. 65⁸)

These quotes highlight that despite amphetamine being perceived as a benign drug, young people do experience harms associated with its use. These harms are not fully recognised as associated with amphetamine by the young users themselves, or others with whom they use drugs. This belief also resonates somewhat with the general public. Hando, Topp and Hall, (1997, p. 110) indicate that “[w]hile amphetamines have enjoyed a relatively positive public image compared to other illicit drugs”³⁰ it is not as harmless as it is perceived to be.

Additionally, some drug users compartmentalise different types of harms by distinguishing between physical and psychological issues.

“I have had big problems but not the same sort of... more psychological than physical. Like with heroin it’s very physical, physical sickness. But speed it’s just you get really anxious.”

(in Davies et al, 2002, p. 64⁸)

“I think like well there’s two kinds of addictions and you’ve got your physical addictions and you’ve got your psychological addictions and the psychological addictions is the nasty one...It doesn’t matter as long as you don’t want to use and you’ve got it under control psychologically and I think like I have.”

(in Plumridge and Chetwynd, 1999, p. 339²⁷)

Furthermore, some of the young people interviewed by Davies et al (2002)⁸ inferred that despite engaging in injecting drug use, they did not identify with the label of ‘injecting drug user’ or ‘IDU’, and did not feel comfortable being targeted or singled out as an IDU.

In terms of identity, injecting drug use risk and self-perception are made up through a complex “socially interactive enterprise” (Plumridge and Chetwynd, 1999, p. 329²⁷). Not only does the incongruity between identity and behaviour create tension for the user²⁷, but it can also create difficulties for the support person/service provider who is attempting to match interventions to individual drug users’ needs.

Identity and behaviours are not determined merely by individual choice. It is the mediating factors such as identity, context (social, political and environmental) and relationships that often determine the types of choices a person will make with regard to ‘safe’ drug use and injecting. These points help us strive to understand the discrepancy that sometimes exists for young people between accurate knowledge about safe injecting, and the capacity to translate this knowledge into action at every injecting episode.

Implications for practice

- A match between perception, identity, behaviour and interventions plays a significant role in young injectors being able to ‘take on board’ information and interventions aimed at reducing drug related harm.
- Assisting a young person to establish a clear understanding of how they perceive themselves and their drug use, compared to how they actually act, may assist them to recognise and evaluate risks.
- If a young person perceives their drug use as social or recreational and not harmful, interventions designed to target harms associated with injecting drug use, such as hepatitis C, may be considered not relevant. If a young person does not strongly identify as a drug user, or injecting drug user, information that is designed for ‘injecting drug users’ may be difficult for them to identify with.
- Identification as a type of drug user, including injecting drug user, will have implications for the design of and terminology used in interventions.

Guidelines

Matching perceptions: identity and behaviour

ALL

Information

All levels of contact with young injectors

Provide general, non-targeted information about hepatitis C, drug use and services for young injectors who do not identify as an 'IDU'.

NON-CORE

Perception of speed

Those who have occasional contact with young injectors

Seek to challenge the belief that amphetamine is a benign drug.

- Seek to reduce the salience of the idea that the absence of physical symptoms (generally associated with heroin dependence) means less harmful drug use.

Identity

Ascertain the way a young person identifies as a drug user at a given point in time and use this as a starting point. Questions to ask include:

- How frequently do you use drugs?
- Would you say that you are a dependent, heavy, frequent, infrequent, experimental, recreational user of drugs?

CORE

Value perceptions

Those who engage with young injectors regularly

Offer opportunities for young drug users to explore their perception of self, behaviour and experiences.

- Work toward matching young person sees themselves as a drug user with their actual behaviour.

Challenge myths

Interventions about harms associated with injecting drug use can be used to create a dialogue for challenging myths such as:

1. the stereotypical heroin addict is the only type of drug user that experiences problems associated with injecting drug use
2. harms including blood-borne virus transmission are only associated with frequent or dependent drug use
3. a drug such as amphetamine, that is usually associated with socialising, is harmless and benign.

Peer education

Assumptions must be avoided about "who is a peer" when using peer education strategies.

- Consideration is necessary to match characteristics of target groups with those of peer educators. Ascertain from the target groups who they consider to be peers.

Links, resources and information

Identity and self-perception

Assess current drug use informally by asking some key questions such as:

- how would you generally describe yourself as a drug user?
- number of different drugs used in previous week
- frequency of use/amount used in previous week
- mode of administration most frequently used
- is your identification as a 'recreational' drug user related to the types of drugs used, such as 'party drugs', or the frequency and circumstances they are used, such as on weekends at dance parties?

Perceptions of blood and hepatitis C infection

The following resource explores the perception people with hepatitis C have about their blood, and often how this relates to injecting drug use:

Blood awareness in hepatitis C prevention.

By Carla Treloar and others, 2004

National Centre in HIV Social Research,
University of New South Wales

Telephone: 02 9385 6776

Email: nchsr@unsw.edu.au

www.nchsr.arts.unsw.edu.au/publications.html

Values and attitudes

The following resource includes activities for engaging with young drug injectors about values and attitudes.

From talk to action: Insights and strategies for workers into the development of training and interventions with young people around blood borne viruses and injecting drug use.

By G. Lemon and S. Cogger, 2004

Queensland Alcohol and Drug Research and Education Centre (QADREC), University of Queensland

Telephone: 07 3365 5189

Email: qadrec@sph.uq.edu.au

www.sph.uq.edu.au/qadrec

Amphetamine injection

For documentation about the role of identity and self perception among young drug users, and their risk behaviours, see the following report.

The role of amphetamine injection risk behaviours in hepatitis C and drug use risk behaviours.

By A. Davies and others, 2002, published by Queensland University of Technology and Brisbane Youth Service, Brisbane.

This report can be downloaded at:

<http://www.health.qld.gov.au/phs/Documents/cdu/20541dmp.htm>

Psychostimulant risks

For information on the prevalence and risks associated with psychostimulant use, and best practice in detoxification and clinical interventions for psychostimulant use, see the following report.

Baker, A., Lee, N.K. & Jenner, L. (Eds) (2004) *Models of interventions and care for psychostimulant users*, Monograph Series No. 51 – Second Edition, National Drug Strategy, Commonwealth Department of Health and Ageing, Canberra.

This is available from:

www.health.gov.au/publth/publicat/document/metadata/mono51.htm

Sharing injecting equipment

What we know

The prevalence of hepatitis C is high among people who inject drugs, ranging between 50 to 80%^{32, 33, 34, 35, 36}. Recent infection (in the last three years) is highest among people aged 15-28 years³⁷. The transmission of hepatitis C is complex and our understanding of this is still evolving.

Hepatitis C is transmitted through direct blood-to-blood contact with an infected person. The virus is particularly small and can live in amounts of blood that appear undetectable. The virus can remain infectious outside the body for some time, possibly (under optimal research circumstances) for several months³⁸. Hepatitis C is therefore easily transmissible through the sharing of injecting drug use equipment, including spoons, bags and water for mixing drugs into injectable form, filters for removing impurities, and tourniquets. Hepatitis C is also easily transmitted through the inadequate application of infection control techniques during injecting³⁹. Sexual transmission of hepatitis C is considered to be extremely low.

Australian studies indicate that many injecting drug users have at some time reused injecting equipment. There are some situations thought to create particular hepatitis C transmission risks. For example, young women are more at risk of receiving injecting equipment after someone else⁸ and/or of sharing injecting equipment with a sexual partner⁴⁰.

Unsafe injecting among young recreational amphetamine injectors has been found to occur in at least four distinct ways:

- sharing with partners
- lack of knowledge about safe practice and lack of injecting autonomy therefore relying heavily on others
- good knowledge about safe injecting practice but periodic risks taken
- application of strict hygiene regimes⁸.

Also, increasingly amphetamine is sold in plastic bags. This increases the risk of 'double-dipping', where used needles might be dipped into the drug mix, and of needle stick injuries should the bag be pierced⁸.

Young people who inject drugs often indicate they know the risks related to sharing needles and syringes. However, young injectors tend to lack accurate knowledge about blood awareness, or infection control techniques related to handwashing, mixing up the drug or injecting others⁸.

The issue of sharing is made more complicated by the blaming and shaming that can stem from such behaviour. Findings reported by Rhodes, Davis and Judd (2004, p. 621) reveal the complexities related to the statement that some young injectors make: "I never share"⁴¹. They found this statement should not be interpreted as an explicit representation of sharing behaviour. Instead, the statement is more likely to be a "personal assessment or presentation of risk status" rather than an absolute truth (p. 624). It is based on a perception of risk regarding particular people such as other injectors, and situations. The statement "I never share" has caveats such as:

"I never share 'except with my sexual partner', 'trusted' or 'clean' people."

(in Rhodes, Davis and Judd, 2004, p. 625⁴¹)

In addition, the concept of "sharing" did not extend to other injecting paraphernalia, even though this behaviour was also mediated by issues of trust and circumstance⁴¹. Therefore, "...risk behaviour is not simply the product of individual actions but is usually the outcome of 'negotiated actions' between at least two people", with the terms and the means of negotiation differing depending on the circumstance (Rhodes, 1997, p. 216⁴²). It is in this sense that targeting the sharing of equipment other than the needle and syringe is an important hepatitis C prevention strategy^{43, 8}.

Injecting drug users implement a range of strategies to minimise the transmission of hepatitis C. However, their perception and interpretation of hepatitis C risks are often only partially correct. Consequently, the strategies used to avoid hepatitis C are often inadequate^{41, 8}. There is a sense among some young injectors that hepatitis C is either not something to be concerned about, or is an inevitable consequence of injecting drug use⁸, and is "beyond prevention" (Davis and Rhodes, 2004: 129⁴⁴).

Implications for practice

- High prevalence rates of hepatitis C means during injecting situations, the risk of coming in contact with someone who has the virus is high.
- Statements such as "I never share" should not necessarily be interpreted literally.
- Despite the range of hepatitis C prevention messages available, these do not necessarily impact on all potential equipment sharing scenarios.

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- Young injectors may not have the opportunity to learn safer injection techniques beyond “not sharing a needle and syringe”.
 - They may not have contact with supports and services that provide necessary information, or these may not be available at all.
 - It is a considerable expectation on young injectors for them to translate written or verbal information about hepatitis C into knowledge, and then translate this knowledge into the practice of infection control sufficient for various injecting situations.
 - Young injectors need to be able to relate blood-borne virus prevention and harm reduction messages to their usual injecting situation, and in relation to injecting with sexual partners.
 - Risks that arise from particular drug use situations, such as injecting in cars, need to be specifically targeted.
 - Misconceptions about hepatitis C infection as either not concerning, or as inevitable, are very real barriers for the up-take of messages about prevention.

Guidelines

Sharing injecting equipment

ALL

Injecting equipment availability

All levels of contact with young injectors

Raise awareness of a range of access points for injecting equipment, including Needle and Syringe Programs (NSPs) at government services, hospitals and community based organisations, and pharmacies.

- Keep information on hand about this, or know how to access it, as appropriate.

NON-CORE

Hepatitis C rates

Young women

Those who have occasional contact with young injectors

Promote current numbers of people infected, and rates of hepatitis C infection.

Develop risk reduction interventions that target young women, to address increasing rates of hepatitis C infections being notified.

- Targeting negotiation and safety within sexual relationships as a particular risk scenario would be useful in this regard.

CORE

Infection control when injecting

Steps in injecting

Those who engage with young injectors regularly

Focus on promoting infection control techniques that can be applied to the following:

- mixing up bags of shared drugs
- dividing the drug mix
- management of the multitude of injecting equipment in group situations
- shared surfaces where used equipment is placed
- washing of hands before injecting as well as after injecting self and after injecting others
- cleaning of injection sites before and after injecting
- disposal of equipment
- when helping and injecting others, or when being injected.

Explore the process used when a young person injects, or is injected by someone else. For each 'step' in the process, explore how contact with another person's blood can or has occurred, and strategies for reducing this.

Links, resources and information

Accessing injecting equipment

Provide young people with information about how to access new injecting equipment. Provide:

- addresses, telephone numbers, price
- after hours locations where possible
- any other special considerations.

Queensland Needle and Syringe Program

For information about the location of Needle and Syringe Programs (NSPs), training and authorisation to distribute injecting equipment through an NSP, and a range of resources relevant for working with young injectors, contact:

Manager, Queensland Needle and Syringe Program (QNSP)
Public Health Services, Queensland Health
Telephone: 07 3896 3848
www.health.qld.gov.au/atods/programs/qnsp.asp

Queensland Injectors Health Network

Contact details of the Queensland Injectors Health Network (QIHN) are:
Brisbane Head Office: 07 3252 5390
Gold Coast: 07 5520 7900
Sunshine Coast: 07 5443 9576
www.quihn.org.au

Safer injecting handbook

The second edition of the Australian version of the *Safer injecting handbook* can be obtained at www.saferinjecting.info/siindex.html. Copies are also available from the Australian Drug Foundation on 1800 069 700.

ANEX

ANEX is endorsed as the Australian peak body representing all organisations that provide injecting equipment, education and referral to people at risk of HIV and hepatitis C. Access the ANEX website subscribe to the *nspforum*, an open forum for information sharing, problem solving, networking and discussion of NSP-related issues.

Telephone: 03 9417 4838
Email: info@anex.org.au
www.anex.org.au

Young women

The *Young women injecting drug users project* was undertaken by the Australian Injecting and Illicit Drug Users League (AIVL). It explored some of the reasons why they are considered more at risk than young men. The final project report can be downloaded from: www.aivl.org.au/files/YoungWomenInjectingDrugUsers.Project.pdf
Contact AIVL on 02 6279 1600.

Statistics

The Australian Government National Notifiable Diseases Surveillance System reports statistics on hepatitis C. This can be accessed at: www.health.gov.au/cda/Source/Rpt_3.cfm
The National Centre in HIV Epidemiology and Clinical Research (NCHECR) annual surveillance reports of HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia can be downloaded from: www.med.unsw.edu.au/nchecr
Or contact:
Telephone: 02 9385 0900
Email: recept@nchecr.unsw.edu.au

Group injecting: autonomy and self-reliance

What we know

Group injecting is a hectic business.

(Southgate and Weatherall, 2003, p. 32²⁹)

Injecting drug use in a group context is common among young people. Injecting occurs within groups of all sizes, but most often with a small number of other people and between couples. Group injecting situations involve greater risk-taking than an individual injector may themselves otherwise take. Local relational issues such as group dynamics contribute to unsafe drug use and injecting behaviour. The potential for blood-borne virus transmission within group injecting situations is therefore considered substantial²⁹.

Numerous studies have shown that young people usually inject with friends^{14, 8, 15, 16}. Consequently, risk should be considered a socially organised phenomenon⁴², and should be interpreted as a “socially interactive enterprise” (Plumridge and Chetwynd, 1999, p. 329²⁷).

Risk management in group injecting episodes often occurs only through non-verbal strategies^{8, 29}. Some young injectors consider that observing those ‘in charge’ is a legitimate means of reducing risks of blood-borne virus transmission. For example:

“I watch, I watch to make sure nothing bad is going to happen.”

“I’m cool with it as long as I can just see everything going on. If that needle was to just prick them for a second...”

“If someone else is mixing up I’ll always watch them, um, just to see if they’re doing anything that I don’t classify as right, then I can say “hey hang on a sec”.”

(in Davies et al, 2002, p. 41⁸)

However, the legitimacy of using visual strategies can be impeded by the “bustle” of group injecting:

“It is impossible to see everything and everyone at once”

(in Southgate and Weatherall, 2003, p. 32²⁹)

These factors contribute to the level of control a young person has in an injecting episode. For many young people, injecting in groups with more experienced users may be daunting. Being young has been linked to “...diminished negotiating power in terms of both the drug market and group injecting episodes” (Southgate and Weatherall, 2003, p. 38²⁹).

The risks associated with injecting in groups may be made more complicated by internal group dynamics. Hierarchies within injecting groups are fluid and changeable, and the currency attributed to members of the group is often based solely on circumstances of an injecting episode. This includes:

- who has money for drugs and who puts in the most
- who obtains the drug
- who has the injecting equipment
- who is providing the space where the injecting is taking place
- whoever has experience as an injector, compared to those who do not
- the types of relationships between group members
- individual factors including age, gender and drug dependency.

These issues contribute to the level of control a young person has in an injecting episode. For example,

...the less control IDUs have over their drug use, the more at risk they are of using in unsafe ways.

(Bennett, Velleman, Bradbury and Barter, 2000, p. 91¹⁹)

Those who pass on injecting equipment display higher levels of injecting autonomy than those who receive it. Accordingly,

Lower levels of autonomy in the processes involved in injecting were associated with higher levels of receiving used injecting equipment and injecting oneself with it.

(Bennett, Velleman, Bradbury and Barter, 2000, p. 91¹⁹)

Like drug dependence, the issue of injecting autonomy or self-reliance is a key variable in injecting equipment sharing, and therefore risk behaviour.

A study of young amphetamine injectors found the young people themselves believed that encouraging autonomy and self-reliance in injecting was an important risk reduction strategy⁸. The young people said there are a lot of injectors “*who can’t do it themselves*”. Their position was that “*if you’re going to use, you have to do it yourself*” to minimise risks (Davies et al, 2002, p. 81⁸). Inevitably if something goes wrong then it becomes the problem of the person doing the injecting, and this was perceived negatively. Additionally, some of the young people indicated that when ‘doctoring’ (injecting) others,

“...you just do things you don’t even think about, like put your finger on the site and then don’t make the connection.”

(in Davies et al, 2002, p. 81⁸)

Some of the young people indicated that learning to inject was difficult for new injectors, as they often rely on trusted friends to get the equipment the first time, and this made it difficult to get in touch with information other than that provided by their peers. There was some concern that some people’s injecting practices are a bit ‘dodgy’.

“Having to learn it from seeing other people doing it... is not entirely safe, because people’s habits are not always the best habits.”

(in Davies et al, 2002, p. 73⁸)

It is particularly concerning that poor injecting techniques that are learned early, can prove difficult to change in the longer term¹⁶.

Implications for practice

- Information about injecting practice should address the ways in which other people are involved and the roles people have in group injecting situations.
- Lack of self-reliance and autonomy over drug use and injection may create a barrier for the uptake and application of safe injecting information.
- Young injectors use visual cues such as watching those ‘in charge’ as a means of assessing risk in group injecting situations
 - Written information about injecting drug use practice may be reasonably difficult for young people to apply to their injecting situations, particularly if they do not inject themselves.
 - Young injectors require modes of learning that are relevant to their injecting situations and learning, styles, such as visually.

Guidelines

Group injecting: autonomy and self-reliance

ALL

Self-reliance

All levels of contact with young injectors

Developing self-reliance in injecting is a process, but supporting the young person to develop an awareness of self-reliance in general has a flow on effect into reducing harm associated with drug use. Explore, for example:

- how to identify and address health needs
- accessing information
- relationship dynamics
- decision making skills.

NON-CORE

Infection control

Those who have occasional contact with young injectors

Promote general hygiene and infection control guidelines, to alert young people to the risks they may be exposed to in group injecting situations.

Enhance access

Enhance the access young injectors have to a range of information modes about preventing hepatitis C transmission through safer injecting drug use.

CORE

Roles

Those who engage with young injectors regularly

Explore with young injectors about what they expect others to do in relation to injecting, as well as what is required to decrease risks.

Beyond visual

Encourage young people to use a range of risk reduction strategies above and beyond visual methods when injecting with others, including:

- being in control of their own drug mix and injecting equipment even if they are unable to inject themselves
- how to be more verbally assertive in group injecting situations
- highlight the sorts of things that can be missed through reliance on visual methods, such as minute amounts of blood on fingers after holding or checking an injection site.

Modes of learning

Risk reduction information should be available through a range of modes, including written materials, safer injecting workshops and visual demonstrations, audio/visual products, assistance with specific aspects of injecting, and discussion.

Links, resources and strategies

For a copy of a Safer injecting game, see:

From talk to action: Insights and strategies for workers into the development of training and interventions with young people around blood borne viruses and injecting drug use.

By G. Lemon and S. Cogger, 2004

Queensland Alcohol and Drug Research and Education Centre (QADREC), University of Queensland

Telephone: 07 3365 5189

Email: qadrec@sph.uq.edu.au

www.sph.uq.edu.au/qadrec

Websites for young injectors

I Stay Safe: www.istaysafe.com

This Queensland Health website provides information on safer sex and safe use of drugs.

Somazone: www.somazone.com.au

Somazone is a website developed by young people, for young people. It empowers young people to address their health needs.

Reach Out: www.reachout.com.au

This website contains information for young people around a variety of life issues, with a focus on mental health. It includes facts sheets about using drugs.

The Source: www.thesource.gov.au

This website is an initiative of the Australian Government. It contains a broad range of youth specific information.

Australian Injecting and Illicit Drug Users League: www.aivl.org.au

Some young people who have self-identified as having injected drugs illicitly may be interested in accessing the AIVL website. It includes a range of information about harm reduction with regards to drug injecting and hepatitis C, as well as links to other websites and services. Visit

Queensland Injectors Health Network (QuIHN): www.quihn.org.au

This site provides contact details for community Needle and Syringe Programs and community injecting drug user organisations.

Adolescent Drug and Alcohol Withdrawal Service (ADAWS): www.kidsinmind.org.au

ADAWS is a Brisbane residential setting in which young people can undergo detoxification. Their website contains information about ADAWS, questions to assist young people in deciding to undergo detoxification, stories of young drug users and links to other websites.

Drug Arm: www.drugarm.com.au

This website contains information about Drug Arm, a non-government, non-profit organisation committed to the promotion of healthy lifestyles without the use of unnecessary drugs, through education and support programs based on Christian philosophies.

Infection control

Controlling the spread of hepatitis C infection includes:

- precautions when handling blood-contaminated items
- good hand washing practices
- cleaning and disinfecting practices
- covering open sores, cuts and abrasions
- prevention of aggressive behaviour such as biting and scratching.

Further information about infection control precautions can be obtained from:

www.health.gov.au/pubhlth/strateg/communic/factsheets/hepatitis.htm

The Queensland Health Infection Control website provides a comprehensive guide to infection control within a health care setting. Visit:

www.health.qld.gov.au/infectioncontrol

The 2004 edition of the *Infection control guidelines* for the prevention of transmission of infectious diseases in the health care setting, as endorsed by the Australian Health Minister's Advisory Council, is available from:

www.icg.health.gov.au/guidelines/index.htm

Environment when injecting

What we know

One of the most important factors that contributes to drug-related harm such as damage to veins and overdose is the location a person is in, when they inject drugs¹². Specific risks arise because the conditions in some locations are not suited to intravenous injection.

Common places that people inject drugs, apart from the home, include cars, public toilets, the street, pubs/clubs, on trains, in parks and under bridges. While an initial injection usually occurs in a home, subsequent injecting often occurs in a public place¹².

Other reasons that young people inject in public places or outside include:

- not having a place to inject in, such as living with others who do not know about injecting
- being homeless
- wanting to use speed soon after obtaining it
- to reduce risks of being caught by police in possession of the drug
- anticipation of injecting the drug, and wanting to do this as soon as it is obtained.

“With heroin it’s desperate, but with speed you’re anxious. You’re excited just to get it into you, you can’t wait.”

(Davies et al, 2002, p. 47⁸)

The harms associated with public injecting are related to the impact the environment has on the technical aspects of the injecting process, as well injecting equipment sharing¹². Injecting in public places, or confined or dark places can result in:

- lack of access to running water – necessary for handwashing before and after injection, and wiping over surfaces used before and after
- poor light – impeding capacity for correctly choosing injecting sites, any damage to injecting sites and blood spills
- rushing to avoid detection by law enforcement officers
- criminal prosecution if drug use and injecting is detected and charges laid
- diminished capacity for responding to emergencies, including space to perform resuscitation if needed, or reliable telephone access for calling an ambulance.

Findings from Darke, Kay and Ross’s (2001) study indicate those who frequently injected in public places in the six months prior to interview, were more likely to have:

- experienced a heroin overdose
- injected more types of drugs
- used more injection sites
- had more current injection related problems¹².

Given the above points and the very real risks that arise, the topic of injecting environments is an important addition to the range of injecting related harms currently being addressed¹².

Implications for practice

- Risks that arise from injecting locations need to be addressed specifically.
- Young injectors need to be able to relate blood-borne virus prevention and harm reduction messages to their usual injecting situation.
 - Young people require information about how hepatitis C transmission and other harms can be reduced during their own types of injecting situations.
 - Young people also require the capacity to achieve such harm reduction.
- Promote strategies for reducing injecting risks across the range of locations that people inject in, such as homes and cars.

Guidelines

Environment when injecting

ALL

Infection control

All levels of contact with young injectors

Promote general hygiene such as handwashing.

NON-CORE

Legal status

Those who have occasional contact with young injectors

Provide information about the legal status of drug use, including the grounds on which charges are laid, how this occurs and the penalties for various charges.

CORE

Locations

Risk reduction

Safe disposal

Those who engage with young injectors regularly

Discourage injecting in locations that inhibit the young person's ability to implement safe injecting practices.

Explore and devise strategies for reducing risks associated with each of the various environments a young person injects in. For example:

- try to only inject in a well-lit place with running water
- use bottled water if no tap
- use hand wipes if no water or tap
- never use water from a toilet
- inject in places with limited risk of detection.

Encourage disposal of all injecting equipment immediately and appropriately.

Links, resources and information

Hand wipes

Consider a trial for providing hand wipes, to use for cleaning hands, fingers and surfaces used in the injecting process. It will be difficult to ascertain any reduction in hepatitis C transmission or other injecting related harms such as vein damage. There is also no evidence to support the efficacy of using hand wipes as an injecting drug use risk reduction strategy. However, using hand wipes is considered by many service providers as a better option than not washing hands at all.

Sponsorship to provide hand wipes may be possible.

Drugs and the law

Provide young people with information about the legal status of drug use. Raise awareness of the very real risks of incarceration they face, particularly as a result of injecting in public places.

Detail the process that a young person must go through in the criminal justice system if charged with a drug-related offence.

A guest speaker from a youth justice service in your area will provide excellent information about the above.

Youth Advocacy Centre (YAC)

YAC offers community education, and also free confidential legal and welfare assistance to young people under 17 years who live around Brisbane, and on a limited basis to young people outside Brisbane (but living in Queensland), by telephone. Help may also be available to 17 and 18 year olds if their problem is about school or being held in a Brisbane juvenile detention centre.

Telephone: 07 3857 1155

Email: admin@yac.net.au

www.yac.net.au

Legal Aid Queensland

Legal Aid Queensland provides legal assistance to financially and socially disadvantaged Queenslanders. Youth Legal Aid is part of services provided.

Telephone: 07 3238 3378

www.legalaid.qld.gov.au

Law Stuff

www.lawstuff.org.au

This website, run by the National Children's and Youth Law Centre, discusses legal rights for young people under 18 years.

Safe disposal

A multi-language pamphlet and other material about safe disposal is available from the Alcohol and Drug Information Service, by telephoning 07 3236 2414 or 1800 177 833 (freecall outside Brisbane).