

BLOOD BORNE VIRUS RISK BEHAVIOURS AMONG PEOPLE WHO INJECT DRUGS IN THE UK: A QUALITATIVE EXPLORATION

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Background: In the UK, 33%-56% of people who inject drugs (PWID) have Hepatitis C. HIV (0-1%) and Hepatitis B (6-18%) rates are lower. As part of a larger study to develop and feasibility test an evidence-based psychosocial intervention to prevent blood borne virus (BBV) infection among PWID in the UK, a sub-study was conducted exploring the influences on injection- and sexual- risk behaviour among PWID and the type of psychosocial interventions they would find useful.

Methods: Design: Qualitative interview study **Setting:** Sexual health services, needle exchanges, drug treatment/harm reduction services and homeless hostels in London, Yorkshire, Glasgow and North Wales. **Participants:** Convenience sample of 60 'current injectors' purposively sampled based on gender, length of time injecting, and drugs injected. **Measurements:** In-depth interviews analysed using Framework Analysis.

Results: Individual, situational, and structural factors influenced BBV risks. Participants usually ascribed risk behaviour to the pressures of withdrawal, craving and intoxication. Lack of knowledge, inexperience injecting, and poor vascular access also promoted unsafe practices. Interpersonal relationships based on trust, intimacy and/or dominance, and group norms and dynamics, also influenced risk. Unstable housing and sex work diminished participants' agency to manage risk. Opiate substitution treatment, stable housing, and a BBV diagnosis were some of the factors promoting behaviour change. Participants also pointed to the importance of access to clean injecting equipment and condoms.

Conclusions: Individual, situational and structural factors drive vulnerability to BBV infection among PWID and multi-faceted interventions are necessary.

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