Feasibility Of the PROTECT Group Intervention to Improve Injecting Skills and Reduce BBV Risk Behaviours in People Who Inject Drugs

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BACKGROUND

While opiate substitution therapy and needle exchanges have reduced blood borne viruses (BBV) among people who inject drugs (PWID), some PWID continue to share injecting equipment and acquire BBV. Psychosocial interventions that address risk behaviours could reduce BBV transmission among PWID.

AIMS

We explored the feasibility of a three-session, gender-specific psychosocial group intervention to reduce BBV transmission behaviours among PWID which included skills to improve injecting techniques and thus vein care, and strategies to avoid and plan for risk situations that PWID had themselves identified within in-depth interviews undertaken to inform the intervention development

METHODS

A pragmatic, two-armed randomised controlled, open feasibility study of PWID attending drug treatment or needle exchanges in four UK regions (London, Glasgow, York and North Wales), 99 PWID were randomly allocated to receive the PROTECT 3 session manualised psychosocial group intervention and BBV transmission information booklet (*"Hep C Info: Understanding hepatitis C and staying safe"*) http://ljwg.org.uk/wp-content/uploads/2015/07/Hep-C-Info-Jun_2015.pdf plus treatment as usual (TAU) (n=52) or information booklet plus TAU (n=47).

Recruitment rates, retention in treatment, follow-up completion rates and health economic data completion measured feasibility. Injecting and sexual risk behaviours and self-efficacy about avoiding risk behaviours , Withdrawal Prevention tactics, and BBV transmission knowledge were assessed at baseline, end of intervention and one month post-intervention.

Participants in the intervention received £10 (gift-voucher or cash) for attendance at each session and a bonus £10 if attended all 3 sessions.

Trial registration: ISRCTN66453696

THE PROTECT INTERVENTION

The PROTECT intervention was developed from evidence-based literature; qualitative interviews with PWID; key stakeholder consultations; and expert opinion. The PROTECT manual can be downloaded free-of-charge from http://www.kcl.ac.uk/ioppn/depts/addictions/research/drugs/PROTECT-download-page-form.aspx . The psychosocial group intervention consisted of three, one hour sessions (preferably, one a week for three consecutive weeks) and was intended to be delivered by staff in York, Glasgow and North Wales, and by staff and a peer educator in London.

- **Session 1** covered improving injection skills and good vein care
- **Session 2** covered planning for risk situations
- **Session 3** aimed to increase participants' knowledge about blood borne viruses and transmission risk behaviours.

Sessions used videos, games and exercises to facilitate discussion and build skills and strategies to reduce and avoid risk. All sessions also included a didactic education session. Separate groups were held for women and men.

RATE THE RISK ACTIVITY CARDS

CARD 1
If you're homeless… if you wanted to cook up some gear you would pick up a can off the street, take the top off it and use what is left of the can that as a cooking pot. Erm, and water, you're, you're – you're even taking risks with the water you're using, you know. And I've seen people use all sorts of bizarre things because you haven't got those things to hand all the time.

CARD 2
I shared needles with my partner for about six years, we had a drugs service about 20 minutes walk down the road, and we could take back needles and get free needles and the amount of times we shared because we'd run out and we were sick and it would be the morning or the night and we would just use each other's needles

Example of preparedness plan

Risk Situations	Barriers	Practical Steps/Solutions
Being homelessness	Cannot inject indoors No access to clean water	Have a place where you can store clean needles and where you can safely store drugs
Access	Wasn't prepared	**Stockpiling equipment** "I make sure I've got the pins but a lot of times, I ain't, like I've been stuck; I've been caught out with old pins, which are blunt [yeah] and they're just destroying my veins and I'm not getting the hit, so it's just frustration all round. I've learned from them lessons" **Knowing where NX are and opening times** **Carry multiple clean syringes** to ensure that have safe "needles" for own use as well as additional "needles" that could be traded in exchange for drugs/other goods **Flexibility – smoking until can get clean equipment** "Going to a hoose and the guy only had so many tools that had been used. And I says, 'you any foil?' And…he says, 'ah there's a wee bit there'. And there was another two boys wanting a hit. And I've took the foil. I says, 'look you can have the foil or whatever after me'. They're like, 'no I'll take that'. I was like that, 'but you can catch hep man if you take a hit'. And they've been like no caring. Just wanting a hit."

RESULTS

- 56% (99/176) of eligible (injected in past month) PWID were recruited. Participants were predominantly male (65%) in their late thirties/ early forties with an average injecting history of between 14 and 22 years.
- 38% attended at least one session (44% of males and 28% of females).
- Participants who attended no sessions (n=32) compared to those attending at least one (n=20) sessions were more likely to be homeless (56% vs 25%, p=0.044), injected drugs for a greater number of days (median 25 vs 6.5, p=0.019) and used a greater number of needles from a Needle Exchange in the last month (median 31 vs 20, p=0.056).
- More participants attended at least one intervention session in London (10/16; 63%) and North Wales (7/13; 54%) than in Glasgow (3/12; 25%) and York (0/11). Glasgow and York had higher levels of homelessness (68% and 52% respectively) compared to London (27%) and North Wales (29%).
- No adverse events were reported. At one month post-intervention, no increase in self-reported injecting in more "risky" sites (e.g. groin, neck) was observed amongst participants who had attended at least one session of the intervention. A trend towards injecting on fewer days in the past 28 days for those who had attended at least one session at one month post-intervention was seen.
- Feedback forms confirmed that the intervention was acceptable to both intervention facilitators and participants who attended it.
- 45.5% (45/99) were followed-up one month post-intervention
- Follow-up attendance was associated with fewer days of injecting in the last month (median 14 vs 27, p=0.030) and fewer injections of cocaine (13% vs 30%, p=0.063).
- Improved (fewer) injecting risk practices, improved self-efficacy, better hepatitis C and hepatitis B transmission knowledge and greater use of withdrawal prevention techniques in the intervention arm. Little change for any group was seen for HIV transmission knowledge

CONCLUSIONS/ LESSONS LEARNED

- **Findings should be interpreted with caution due to small sample.**
- **Difficulties recruiting particular groups of PWID, mainly women and new injectors.**
- **While the intervention showed the potential to positively influence BBV risk behaviours, the findings demonstrate that a future definitive RCT of the PROTECT intervention is not feasible in the UK. .**
- **Exposure to sessions on improving injecting techniques as part of BBV harm reduction psychosocial intervention does not appear to encourage riskier injecting practices or frequency of injecting**
- **The complex needs of some PWID may have limited their engagement in the intervention.**
- **More flexible delivery methods may have greater reach.**

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