

Injection Drug Users

<i>Data</i>	<i>Category of Prevention Needs</i>	<i>Interventions</i>
<p>IDUs have difficulty getting clean works and syringes Many got syringes from dealers, friends and family, so they may not be new/sterile Those who had access to free syringes and equipment were very likely to use them</p>	Access	<p>Structural Interventions- Change paraphernalia law Increase pharmacy access through education of physicians and pharmacists Expand Needle Exchange- No. of programs No. of services provided Funding Technical assistance/ training HCV screening certification</p>
<p>Friends used syringes without permission Most who shared syringes/ equipment didn't know their partners HIV or HCV status Staff and clients at treatment facilities sell and use drugs making it hard to reduce risks</p>	Supportive Norms	<p>Community Level Interventions- Change norms: Know and share HIV/HCV status Don't share or steal equipment Culture of treatment facilities- Neither staff nor clients should sell or use in the facility Use health communication and peer to peer conversations in these interventions</p>
<p>Know the using clean syringes is important, are afraid to use improperly cleaned syringes, but don't clean them correctly Being drug sick lead to sharing</p>	Skills	<p>Skills Building Workshops- Cleaning syringes Sexual risk reduction Getting and using sterile equipment</p>
<p>A third of respondents identified HIV or HCV as a primary health concern Few got tested because they thought they were at risk Some didn't get tested because they were afraid of the result Had high levels of knowledge yet still engaged in risk behaviors</p>	Persuasion	<p>Counseling, Testing and Referral Services- Fund HCV screening so it can be offered with HIV CTR Include access to vial hepatitis vaccination Include overdose prevention discussion</p>

Overarching recommendations for IDU interventions:

- Include viral hepatitis on equal footing with HIV
- Must be inclusive and appropriate for MSM, transgender persons and other sexual minorities

What kind of data do we want to have that we don't have now?

- Data on the following subpopulations
 - Young injectors- to understand transition to injecting
 - New injectors
 - Racial/ Ethnic groups
 - Transgender (including hormone use)
 - Medicinal injectors (access levels)
 - Steroid users
- HCV data, including
 - IDU Knowledge/Attitudes/Beliefs
 - HCV risk behaviors/prevention needs
 - % tested
 - HIV/HCV co-infection
 - Level of knowledge/integration of services among providers who interact with injectors ((substance abuse, mental health, HIV prevention/care)
- National HIV Behavioral Surveillance-
 - Michigan report
 - Sexual risk behavior data
 - Insurance data (access to HCV treatment)
- Substance Abuse treatment- do injectors get what they need from treatment
- Additional data from out-state
- HIV/HCV testing knowledge and attitudes