

PERFORMANCE AND IMAGE ENHANCING DRUGS

Injectors' access to needle syringe programs

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Dr Karen J Chronister

Overview

- Background
- Survey results
- Discussion and next steps

Kirkeeton Road Centre (KRC)

- Service aim: to prevent, treat, and care for HIV/AIDS and other transmissible infections among the following target populations
 - People who inject drugs (PWID)
 - Sex workers
 - At risk young people (less than 25 years)
- Needle and Syringe, outreach, and Methadone Access Programs integrated into a targeted primary health care model



Needle & Syringe Program (NSP)

- An evidence based public health program that aims to protect the community from the spread of infections such as HIV and hepatitis C among people who inject drugs
- Effects sustainable behaviour change among some of the most marginalised groups in society
- Specifically designed to maximise access by people otherwise least likely to attend health services

Background

- Increasing use of performance and image enhancing drugs (PIEDs) in recent years
- Unknown size and nature of a largely ‘hidden’ population
- PIED injectors increasingly accessing NSP to obtain free injecting equipment
 - Significant cost and capacity implications
- Presents a significant public policy dilemma for the NSP, particularly in the context of removal of limits to increase coverage among PWID

The Survey

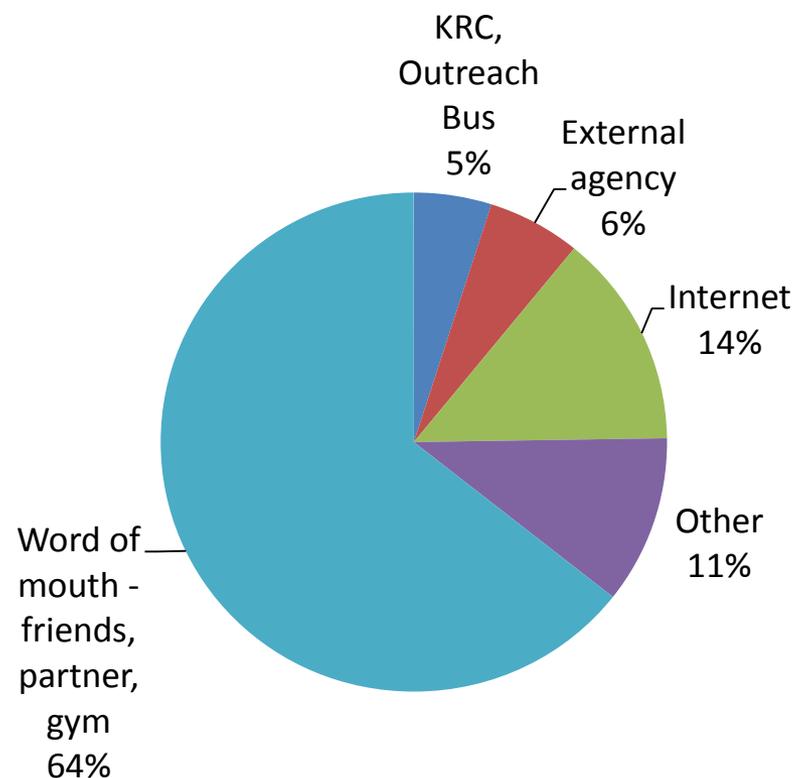
- Aim: to assess blood-borne infection (BBI) risk among PIEDs injectors who access NSP services to inform appropriate service delivery
- Participants: clients attending KRC's NSP services who reported injection of PIEDs
- Time period: November 2013 – January 2014
- Location: KRC and Clinic 180, both in Kings Cross

KRC or Clinic 180 Service Access

First attendance

	%
Less than 3 months ago	28
3 – 6 months ago	0
6 – 12 months ago	16
1 – 5 years ago	42
More than 5 years ago	14

Referral sources



Sources of Injecting Equipment

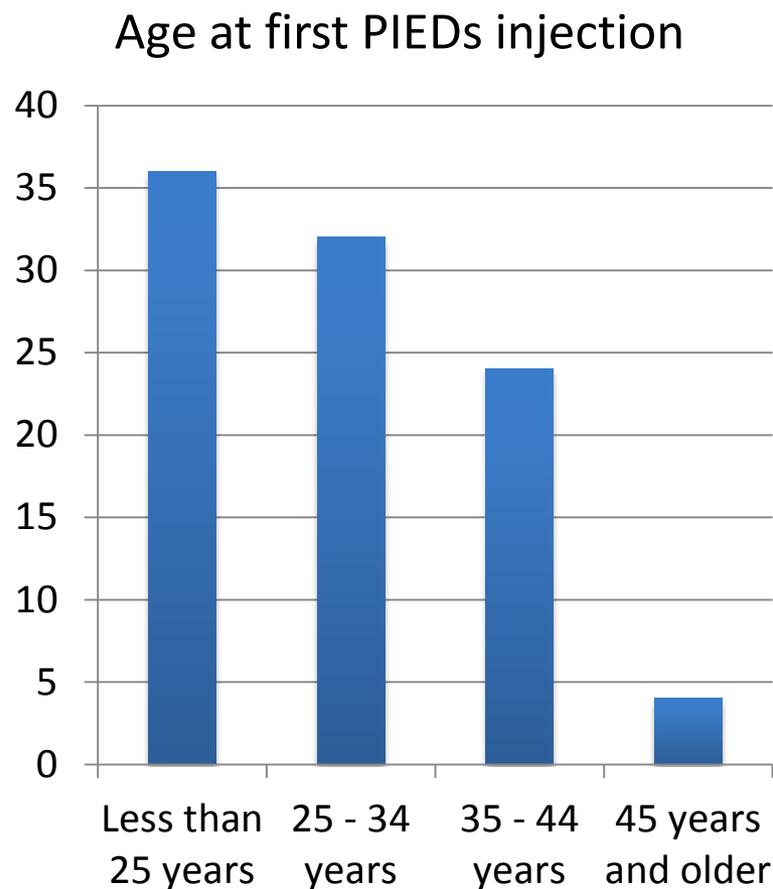
- 44% obtain injecting equipment for others
- 55% obtain injecting equipment elsewhere
 - Pharmacy/chemist = 21 participants
 - Friends = 15 participants
 - Internet = 8 participants
 - Other NSPs = 7 participants
 - Doctor = 6 participants
 - Gym = 3 participants

Survey Participants

- 103 participants
 - All but one participant was male
- Mean age = 32.6 (\pm 8.5) years
- 42% identified as gay or bisexual

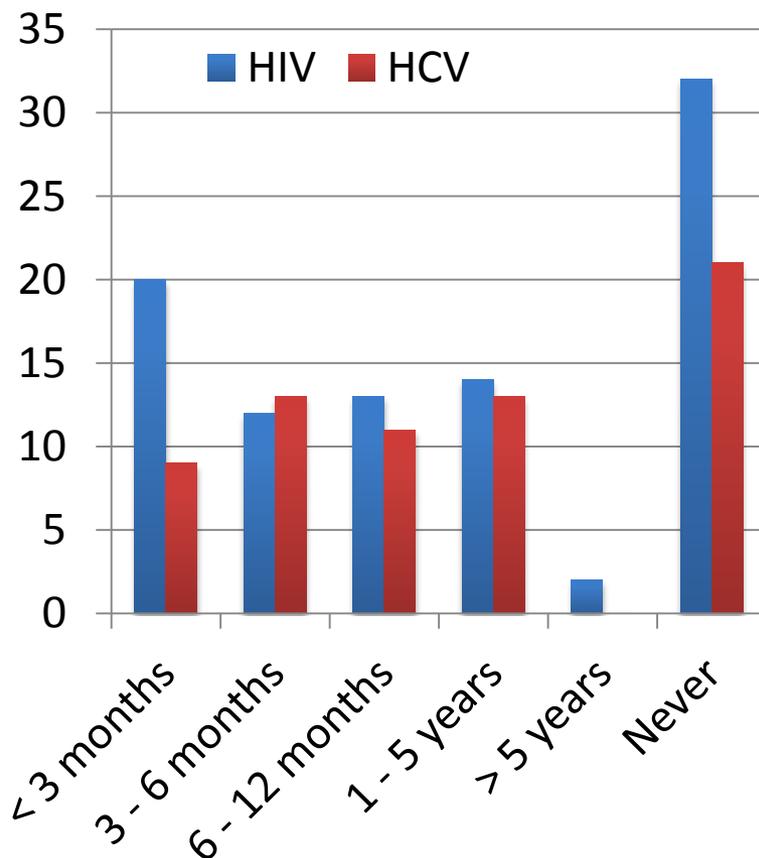
Injecting History

- 101 reported never re-using injecting equipment after someone else
- 6 participants ever injected intravenously
 - Mean age = 27.6 years
 - None re-used or shared equipment
 - 1 HIV positive



Blood-borne Infections

BBI Testing



- HIV prevalence
 - 4 positive participants
 - 52 never tested or did not answer

- Hepatitis C prevalence
 - 0 positive participants
 - 63 never tested or did not answer

Comparing heterosexual and gay/bisexual participants

	Heterosexual		Gay or bisexual		P-value
	N	%	N	%	
Age group					0.002
Less than 25 years	15	25.4	1	2.3	
25 – 34 years	28	47.5	18	41.9	
35 – 44 years	10	16.9	18	41.9	
45 years and older	6	10.2	6	13.9	
Age at first PIED injection					0.001
Less than 25 years	29	52.7	7	17.5	
25 – 34 years	17	30.9	14	35.0	
35 – 44 years	7	12.7	17	42.5	
45 years and older	2	3.6	2	5.0	
Ever injected intravenously	3	5.2	3	7.0	0.704
Ever tested for HIV	26	47.3	35	92.1	< 0.001
Ever tested for HCV	22	57.9	24	82.8	0.030

Other Factors

- HIV positive (n=4)
 - All gay or bisexual and previously tested for HCV
 - 1 injected intravenously
 - None re-used equipment after someone else or been in prison
- Prison history (n=1)
 - Did not inject in prison, re-use equipment after someone else, or inject intravenously

Health Service Needs

Sale of HCG

Almost all said
“no,” “none,” or
“no thanks”

You guys are doing
a great job!

Education on trending issues.
Information on specific
brands of drugs available on
the black market. Education
on harm minimisation.

Animal
services

Conclusions

- PIEDs injectors attending KRC have low BBI risk
- Findings specific to KRC only
 - May be different in other NSP services
- Continue to focus public health effort on those people who inject drugs who are at continuing high risk of BBI

Implications

- Commenced provision of “stop-gap” packs
 - Limited quantity of needles and syringes, information re health risks specific to PIEDs use, injecting risk behaviour, BBIs, IRID, safer sex, and alternative sources of equipment
- Promote BBI testing and other relevant services
 - Provide referrals as needed
- Promote alternative sources of affordable equipment
 - Facilitate capacity of local pharmacies to meet needs

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- For further information, please contact:

Kirketon Road Centre

PO Box 22

Kings Cross NSW 1340

+ 61 2 9360 2766