



Changing patterns of first injection across key periods of the French Harm Reduction Policy: *PrimInject*, a cross sectional analysis



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ABSTRACT

Background: Monitoring of emerging modes of drug consumption in France has identified new patterns of injection among youths with diverse social backgrounds, which may explain the persistence of high rates of hepatitis C virus infection. The circumstances surrounding the first injection have been poorly documented in the group of heavy drug users and in the context of the French opioid substitution treatment (OST) policy that provides expanded access to high-dosage buprenorphine (BHD)

Methods: An Internet survey (*Priminject*) was conducted from October 2010 to March 2011 with French drug users. Four time periods were compared based on critical dates throughout the implementation of the Harm Reduction Policy in France.

Results: Compared with drug users who injected for the first time prior to 1995, the aspects of drug use for users who recently injected for the first time were as follows: (1) experimentation with miscellaneous drugs before the first injection; (2) an older age at the time of first injection; (3) heroin as the drug of choice for an individual's first injection, notwithstanding the increased usage of stimulant drugs; (4) BHD did not appear to be a pathway to injection; and (5) an increased number of users who injected their first time alone, without the help or presence of another individual.

Conclusion: The *PrimInject* study showed that there is a group of injection drug users that is larger than the group of injection drug users observed in previous studies; therefore, it is necessary to diversify programs to reach the entire spectrum of high-risk users.

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1. Introduction

Since 2003, new diagnoses of HIV infection among drug users in France accounted for 2–3% of total cases, which amounts to approximately 70 cases per year (Le Vu et al., 2010). The prevalence rate decreased from 20% in the early 1990s to less than 10% in 2008 (Institut National de la Santé et de la Recherche Médicale – INSERM, 2010). These changes followed the introduction of free access to syringes in pharmacies (1987) and the implementation of syringe exchange programs, low-threshold services (1990), and opiate substitution treatments (1995). The hepatitis C virus (HCV) prevalence

rate has remained very high (73%), however, and is not decreasing (Jauffret-Roustide et al., 2006). After a period of declining heroin use at the turn of the 21st century (Bello et al., 2004; Micallef et al., 2004; Palle et al., 2003), heroin has become more available (Cadet-Tairou et al., 2010), and the number of reported fatal overdoses has increased since 2004 (Centres d'Evaluation et d'Information sur la Pharmacodépendance – CEIP/ Décès en Relation avec l'Abus de Médicaments et de Substances – DRAMES, 2011).

While injection drug use has continuously decreased in France (INSERM, 2010), field observations (Cadet-Tairou et al., 2010) have reflected the emergence of new groups of injection drug users and new patterns of substance abuse. Aside from underprivileged youths, new consumers belonging to diverse social backgrounds, such as users at rave/dance parties, use a wide spectrum of substances (hallucinogens, amphetamines, synthetic products, and cocaine and its derivatives), as observed by the network reporting emerging trends of drug use (Cadet-Tairou et al., 2008; Girard and

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Boscher, 2009). Heroin and other opiates, including opiate medicine (morphine–sulfate and high-dose buprenorphine (BHD)), are used occasionally or alternatively with other substances for their relaxing effects. Injection is one aspect of this behavior (Guichard et al., 2004, 2006; Toufik et al., 2008).

Therefore, the current harm reduction strategies may not be reaching these new groups of injectors and may thus lead to a higher prevalence of HVC, which is often acquired shortly after initiation into injection (Hagan et al., 2004; Maher et al., 2006, 2007; Roy et al., 2009; van den Berg et al., 2007; Bravo et al., 2012).

Circumstances leading to injection in the new groups of injectors have not been well documented because the majority of studies have focused on the trajectory of long-term drug users, often the most marginalized, who are mainly recruited through drug dependence clinics or injection drug user networks (Crofts et al., 1996; Doherty et al., 2000; Frajzyngier et al., 2007; Fuller et al., 2003; Goldsamt et al., 2010; Hadland et al., 2010; Kerr et al., 2007; Lankenau et al., 2010; Roy et al., 2003; Vidal-Trecañ et al., 2002). The context of initiation for those who have injected only a few times or over a short period of time during their lifetime has been poorly described.

To document the profile of new injectors, the *PrimInject* study was launched using the Internet to reach current or former injectors and obtain descriptions of their circumstances, behaviors, and exposure to blood-borne infections at initiation into injection drug use. The first injection is a particularly significant, generally unplanned event for individuals who are poorly informed regarding the techniques and risks of injecting (Doherty et al., 2000; Frajzyngier et al., 2007; Varescon et al., 2000).

Long before 1995, buprenorphine in its analgesic form was used by injection drug users in France as a prescribed drug and as a street drug. In 1995, BHD was approved as an opiate substitution treatment to be prescribed by general practitioners (GPs) and delivered in community pharmacies for a maximum four-week period to allow a rapid scaling up of substitution therapy. Methadone was only available from drug treatment clinics with more restrictive regulations and was usually delivered without direct supervision after the initiation period. Since then, researchers have observed the transition to the street market and injection of tablets (Guichard et al., 2003, 2006). Fieldworkers have repeatedly reported on the use of buprenorphine in individuals who have not used heroin previously, but the frequency of buprenorphine use has never been measured, even though it is a critical issue in implementing substitution treatment. Because the French regulation of substitution treatment is flexible, assessment of the role of buprenorphine in the initiation of injection is relevant to document the initiation process.

The present paper focuses on the history of drug use and context of initiation among *PrimInject* respondents and emphasizes the period of initiation that corresponds with turning points in French drug policy over the last 30 years.

2. Methods

2.1. Population and design

An advisory committee including professionals working in outreach programs, members of drug user organizations, and health administrations was set up to supervise the design of, promotion of, and tools used in the *PrimInject* study. Because the objective was to reach a socially diverse population of young people who recently started to inject drugs or who administered injections to themselves even once or a few times, the electronic music scene was especially considered. Indeed, field workers providing harm reduction services during electronic festivals are used to distribute syringes and injection equipment to festival participants and have reported an emerging use of injection in that population (Girard and Boscher, 2009). This population, which is young, is not disadvantaged, and uses a wide variety of drugs during festivals, was targeted by using electronic music channels. The Internet is the main communication channel for youths and individuals participating in the electronic music scene and is considered effective to reach this small and hidden population (Velter, 2011; Frippiat and Marquis, 2010), especially young drug users,

and to capture ex-drug users or individuals who had only had sporadic experiences of drug injection. Use of the Internet also limits the selection effects of treatment or harm reduction services that often overrepresent the most marginalized population or the most severe substance use profiles.

The promotion messages invited people to share their first injection experience by using an explicit URL www.shoot-premierefois.com. Various banners and prints using the party scene visual codes were first made available on selected websites and then through a large range of harm reduction programs and services (e.g., GPs, drug dependence clinics, community pharmacies, syringe exchange programs, and spaces for youth intervention) throughout the study period. Specific attention was given to outreach services, many of which were contacted individually to provide information about the study objectives and assurance of confidentiality. Some of these services provided an Internet option for individuals to fill out the questionnaire.

Data collection took place from October 2010 to March 2011. Anyone could fill out the questionnaire, regardless of whether they had injected. Respondents who had never injected were directed toward a short version of the questionnaire that explored their attitudes and opinions of drug injection. There were no lower or upper age limits for opening the questionnaire. However, respondents under 15 years of age were redirected toward the end of the questionnaire after they documented their age.

2.2. Questionnaire and variables of interest

The questionnaire was developed and pretested by injection drug users. It covered current social status (e.g., level of education and employment), history of legal and illegal substance use, and the circumstances surrounding one's first injection. An answer was required for each question (blank responses were not allowed).

The variables of interest included the history of drug use before injection (use and age at first use of cannabis, ecstasy, cocaine, amphetamines, methamphetamine, ketamine, heroin, high-dose buprenorphine, methadone, other opiates, and hallucinogens), year and place of the first injection (home or another private place, squat, street, outdoor location, and van/car), being alone at the time of first injection or not, injecting oneself or being assisted, the type of substances used, and the length of time (years, months, or days) between first use of the drug and injection. History of injection from initiation was documented with two variables: the total lifetime number of injections (only once, 2 to 5 times, 6 to 10 times, 11 times or more) and number of injections during the last month.

2.3. Data analysis

All participants who reported lifetime drug injection were included in the analysis. Respondents were categorized according to the time of their first injection. Cut-off values were defined based on key developments in the French Harm Reduction policy: (a) the period preceding the implementation of harm reduction policies (before 1987: no harm reduction); (b) the over-the-counter sale of syringes to drug users in pharmacies (starting in 1987: free access to syringes) and availability of sterile injection equipment through different facilities; (c) the 1996–2005 period, which is characterized by the implementation of substitution treatment (labeled as the Substitution era); and (d) the 2006–2010 period, which represents contemporary initiations (within five years of data collection, recent period) that are of particular interest for the current situation. In 2004 and 2005, the legal framework of harm reduction was reinforced by approval in the Public Health code as a pillar of French drug policy, and the components included as part of the harm reduction programs were detailed (decree of April 15, 2005).

Mean, median, and proportion calculations were conducted for the whole sample and then for each group classified according to initiation of injection. Period comparisons were based on chi-square test and Fisher exact test for categorical variables and on variance analysis for the continuous variables. Trend tests were conducted using logistic regressions for proportions by dividing the time of initiation of injection in four categories, and trend tests were conducted using linear regressions for the means.

2.4. Ethical issues

Data collection was approved by the French individual data protection authority (CNIL), and safeguards on confidentiality protection, anonymity of responses, and nonregistration of IP addresses were clearly stated on the home page of the survey.

3. Results

3.1. Subjects

Among the 1884 individuals who connected to the *PrimInject* URL, 1318 (70%) started to fill the questionnaire. Among these individuals, 325 (25%) stopped answering questions before reaching the end of the section of the questionnaire that concerned the first injection and were removed, and 42 (3%) provided inconsistent answers. Most of these individuals discontinued completion

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