



Factors associated with being asked to initiate someone into injection drug use



Ricky N. Bluthenthal^{a,*}, Lynn Wenger^b, Daniel Chu^a, Jennifer Lorvick^b, Brendan Quinn^c, James P. Thing^{a,d}, Alex H. Kral^b

^a Department of Preventive Medicine, Institute for Prevention Research, Keck School of Medicine, University of Southern California, Los Angeles, CA 90033, United States

^b Urban Health Program, RTI International, 351 California Street, San Francisco, CA 94104, United States

^c Centre for Population Health, Burnet Institute, 85 Commercial Road, Melbourne, VIC 3004, Australia

^d Department of Family and Consumer Sciences, McClelland Institute for Children Youth and Families, University of Arizona, Tucson, AZ 85721, United States

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ABSTRACT

Aims: Injection drug use initiation typically involves an established person who injects drugs (PWID) helping the injection-naïve person to inject. Prior to initiation, PWID may be involved in behaviors that elevate injection initiation risk for non-injectors such as describing how to inject and injecting in front of injection-naïve people. In this analysis, we examine whether PWID who engage in either of these behaviors are more likely to be asked to initiate someone into drug injection.

Methods: Interviews with PWID ($N = 602$) were conducted in California between 2011 and 2013. Multi-variate analysis was conducted to determine factors associated with being asked to initiate someone.

Results: The sample was diverse in terms of age, race/ethnicity, and drug use patterns. Seventy-one percent of the sample had ever been asked to initiate someone. Being asked to initiate someone was associated with having injected in front of non-injectors (Adjusted Odds Ratio [AOR] = 1.80, 95% Confidence Interval [CI] = 1.12, 2.91), having described injection to non-injectors (AOR = 3.63; 95% CI = 2.07, 6.36), and doing both (AOR = 9.56; 95% CI = 4.43, 20.65) as compared to doing neither behavior (referent). Being female (AOR = 1.73; 95% CI = 1.10, 2.73) and non-injection prescription drug misuse in the last 30 days (AOR = 1.69; 95% CI = 1.12, 2.53) were also associated with having been asked to initiate someone.

Conclusion: Reducing initiation into injection drug use is an important public health goal. Intervention development to prevent injection initiation should include established PWID and focus on reducing behaviors associated with requests to initiate injection and reinforcing refusal skills and intentions among established PWID.

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1. Introduction

1.1. Injection drug use uptake

Injection drug use is a global public health problem. Recent studies indicate that the number of people who inject drugs (PWID) is growing and that drug injection is spreading to new populations and areas (Grau et al., 2007; Lankenau et al., 2012; Mathers et al., 2008; Strathdee and Stockman, 2010; Young and Havens,

2011). PWID are at elevated risk for a wide range of acute and chronic health problems including HIV, HCV, sexually transmitted infections, drug overdose, cellulitis and soft tissue infections, and psychiatric disorders (Aceijas and Rhodes, 2007; Aceijas et al., 2004; Ebright and Pieper, 2002; Khan et al., 2013; Mackesy-Amiti et al., 2012; Mathers et al., 2013; Nelson et al., 2011). Therefore, understanding factors associated with uptake of injection drug use is critical for addressing a variety of public health problems.

The existing empirical literature on injection initiation has relied chiefly on reports by PWID about the circumstances surrounding their first injection (Crofts et al., 1996). While these studies have yielded important insights into motivations, risk factors, and drug-specific experiences related to uptake of injection (Ahamad et al., 2014; Bryant and Treloar, 2007; Chami et al., 2013; Cheng et al., 2006; Day et al., 2005; Doherty et al., 2000; Eaves, 2004; Feng et al., 2013; Fuller et al., 2005, 2001, 2003, 2002; Goldsamt et al.,

* Corresponding author at: Department of Preventive Medicine, Institute for Prevention Research, Keck School of Medicine, University of Southern California, Soto Street Building, SSB, 2001 N. Soto Street, MC 9239, Los Angeles, CA 90033, United States. Tel.: +1 323 442 8236; fax: +1 323 442 8201.

E-mail address: rbluthen@usc.edu (R.N. Bluthenthal).

2010; Kermode et al., 2009, 2007; Lankenau et al., 2007, 2012, 2010; Lloyd-Smith et al., 2009; Mackesy-Amity et al., 2013; Miller et al., 2011, 2006; Novelli et al., 2005; Ompad et al., 2005; Roy et al., 2010, 2011, 2003; Sherman et al., 2005; Small et al., 2009; Trenz et al., 2012; Valdez et al., 2007, 2011; Werb et al., 2013; Wood et al., 2008; Young and Havens, 2011; Young et al., 2014), they have not examined injection initiation extensively from the viewpoint of established PWID who often assist non-injectors into injection drug use. We know little about behaviors among established PWID that may socialize or promote uptake of injection drug use among non-injectors.

1.2. Social learning theory and injection drug uptake

An emerging empirical literature, informed in part by social learning theory, has begun to identify specific contributions of established PWID to injection initiation. First and foremost, these studies have noted that 68% to 88% of PWID are physically injected by another person the first time they inject, highlighting the essential role of established PWID in the process of injection initiation (Crofts et al., 1996; Rotondi et al., 2014). Second, social processes appear to be critical in generating interest in injecting, and ability to inject, among non-injectors. Behaviors among established PWID, such as injecting in front of non-injectors, describing how to inject, and speaking positively about drug injection are prime examples of social processes related to inject initiation. These behaviors also align with social learning theory, which posits that behavior change occurs through interaction, observation, experimentation, and reinforcement (Bandura, 1977, 1986). Qualitative studies have found the ‘socialization’ impact that PWID can have on people who do not inject drugs includes normalizing injection drug use, reducing stigma, diminishing needle fear or phobia, and demonstrating how drug effects are improved (Fitzgerald et al., 1999; Goldsamt et al., 2010; Harocopos et al., 2009; Kermode et al., 2009; Khobzi et al., 2008; McBride et al., 2001; Sherman et al., 2002; Stillwell et al., 1999; Swift et al., 1999; Tompkins et al., 2007; Witteveen et al., 2006). In addition, research on reducing needle phobia has found that graded exposure to injection is an effective remedy (Trijsburg et al., 1996; Yim, 2006). And lastly, quantitative studies have found that established PWID who describe injection to non-injectors and speak positively about injection to non-injectors are more likely to report past and recent initiation of injection-naïve drug users into drug injection (Bluthenthal et al., 2014; Rotondi et al., 2014; Strike et al., 2014).

What we do not know is whether describing injection, injecting in front of non-injectors, and speaking positively about injection leads to request for injection initiation. This question is important since drug injection initiation is typically an active process lead by the non-injector (Bryant and Treloar, 2007; Crofts et al., 1996; Harocopos et al., 2009; Simmons et al., 2012). If PWID behaviors are socializing non-injectors into considering injection drug use then reducing or eliminating these socializing behaviors may be another avenue for reducing uptake of injection drug use (Khobzi et al., 2008; Stillwell et al., 1999). To address this issue, we examine if describing injection to non-injectors and injecting in front of non-injectors was associated with being asked to initiate someone into injection drug use.

2. Methods

2.1. Study procedures

Active PWID were recruited using targeted sampling and community outreach methods in Los Angeles and San Francisco, California (Bluthenthal and Watters, 1995; Kral et al., 2010; Watters

and Biernacki, 1989). Enrolled PWID were at least 18 years of age or older and self-reported injection drug use in the past 30 days. Self-reports of recent injection drug use were verified by visual inspection for signs of recent venipuncture (tracks; Cagle et al., 2002). After providing informed consent, PWID completed a survey in a one-on-one session with a trained interviewer. Survey responses were recorded using a computer assisted personal interview program (Questionnaire Development System, NOVA Research, Bethesda, MD). Interviews were conducted from April 2011 to April 2013. Study participants were paid \$20 for completing the survey. All study procedures were reviewed and approved by the Institutional Review Boards at RTI International and the University of Southern California.

2.2. Study sample

For this analysis, we make use of data from 604 PWID that were asked whether they had ever been asked to initiate someone into injection drug use. This item was added four months into data collection and so was not available for the entire sample. Lastly, to examine gender effects more precisely, we excluded two participants who reported being transgendered, leaving a final sample of 602 participants.

2.3. Study measures

Our main study outcome variable was being asked to initiate someone into injection. This information was collected with the following item: “Have you ever been asked to help someone inject an illicit drug for the first time?” Participants responding ‘yes’, were then asked how many people had asked them to provide their first injection.

Key explanatory measures related to the social process of initiation included injecting in front of injection-naïve people, describing how to inject to injection-naïve people, injecting others (also referred to an “injection” or “street” doctor) (Kral et al., 1999; Murphy and Waldorf, 1991), and any public injections (that has the potential to be observed by non-injectors). These variables were collected with the following items: “Have you ever explained or described how to inject to someone who had never injected an illicit drug (i.e., a non-injector)?” (Response options, “yes” or “no”); “In the last 12 months, how often have you injected drugs in front of someone who was not already a drug injector?” (Response options, “Always,” “Often,” “Sometimes,” “Rarely,” and “Never”); “In the last 30 days, did you inject another person?” (Response options, “yes” or “no”); and “How often do you inject in public places (e.g., a park, alley, parking lot)?” (Response options, “Always,” “Usually,” “Sometimes,” “Occasionally,” and “Never”). Based on response distribution, we recoded injecting in front of non-injectors and any public injection such that “never” responses equal ‘no’ and all other response equal ‘yes.’ Based on bivariate analysis, we also tested the association of being asked to initiate with the combined variable of injecting in front of and describing injection to non-injectors as follows: (1) No report of either injecting in front of or describing injection to non-injectors, (2) Inject in front of non-injectors only, (3) Describe injection to non-injectors only, and (4) Describe injection to and inject in front of non-injectors.

The following factors were treated as potential covariates: socio-demographic and socioeconomic characteristics (e.g., age, gender, housing status, income, mental health status), drug use history (years of injection), recent (last 30 days) drug use (crack cocaine, powder cocaine, heroin, methamphetamine, ‘speedball’ – heroin and cocaine admixture, ‘goofball’ – heroin and methamphetamine admixture, non-medical use of prescription drugs including opiates, sedatives, tranquilizers, and stimulants, and marijuana), route of administration (injection and non-injection), and

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