



Factors associated with initiating someone into illicit drug injection



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ABSTRACT

Aims: Most people who inject drugs (PWID) were first initiated into injection by a current PWID. Few studies have examined PWID who assist others into drug injection. Our goal is to describe the prevalence of and risk factors for initiating someone into injection in the last 12 months.

Methods: We recruited a cross-sectional sample of PWID ($N=605$) in California from 2011 to 2013. We examined bivariate and multivariate risk factors for initiating someone into injection with a focus on behaviors that might encourage injection initiation such as injecting in front of non-PWID, describing how to inject to non-PWID, and willingness to initiate someone into drug injection.

Results: Having initiated someone into injection was reported by 34% of PWID overall and 7% in the last 12 months. Forty-four PWID had assisted 431 people into injection in the past year. Factors independently associated with initiating someone into injection in the last 12 months were self-reported likelihood of initiating someone in the future (Adjusted Odds Ratio [AOR] = 7.09; 95% Confidence Interval [CI] = 3.40, 14.79), having injected another PWID in past month (AOR = 4.05; 95% confidence interval [CI] = 1.94, 8.47), having described how to inject to non-injectors (2.61; 95% CI = 1.19, 5.71), and non-injection powder cocaine use in past month (AOR = 4.97; 95% CI = 2.08, 11.84) while controlling for study site.

Conclusion: Active PWID are important in facilitating the process of drug injection uptake. Interventions to reduce initiation should include efforts to change behaviors and intentions among PWID that are associated with injection uptake among others.

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1. Introduction

1.1. Background on injection initiation

Researchers have long examined factors associated with initiation of injection drug use. These studies have described the circumstances of first injection episodes and examined a wide range of individual, dyadic, social network, and community factors associated with initiation. Factors found to influence injection initiation include pragmatics of drug use such as greater drug effects (i.e., better “high”) and lower cost per use when drugs are injected (Crofts et al., 1996; Fitzgerald et al., 1999; Goldsamt et al., 2010; Kermode et al., 2009; Swift et al., 1999; Witteveen et al., 2006). Socio-demographic and economic factors positively associated

with injection initiation include being male, race (typically not African Americans), sex work, poverty, and homelessness (Crofts et al., 1996; Feng et al., 2013; Fuller et al., 2001, 2002; Hadland et al., 2012; Kuo et al., 2007; Miller et al., 2011; Nasir and Rosenthal, 2009; Roy et al., 2011; Sherman et al., 2005; Stenbacka, 1990). Further, social network characteristics and personal relationships such as having good friends or an intimate partner (e.g., girlfriend or boyfriend) who inject have also been positively associated with initiation into injection (Bryant and Treloar, 2007; Crofts et al., 1996; Doherty et al., 2000; Goldsamt et al., 2010; Harocopos et al., 2009; Kermode et al., 2007, 2009; Khobzi et al., 2008; Neaigus et al., 2006; Roy et al., 2011; Simmons et al., 2012; Stenbacka, 1990; Stillwell et al., 1999). Lastly, a history of childhood physical and sexual abuse has been associated with increased risk for injection initiation (Hadland et al., 2012; Neaigus et al., 2006; Ompad et al., 2005; Roy et al., 2003, 2010).

Along with general consideration of injection initiation, there is also a literature on uptake of injection by drug type. Studies

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have examined injection initiation for most major drugs including cocaine (Dunn and Laranjeira, 1999; Lloyd-Smith et al., 2009), crack cocaine (Lankenau et al., 2004), methamphetamine (Marshall et al., 2011; Werb et al., 2013b; Wood et al., 2008), heroin (Day et al., 2005; Draus and Carlson, 2006; Lankenau et al., 2010; Mackesy-Amity et al., 2013; Swift et al., 1999; Valdez et al., 2011), ketamine (Lankenau and Clatts, 2004; Lankenau et al., 2007), and opiate prescription medications (Lankenau et al., 2012; Mars et al., 2014; Young and Havens, 2011). Drug specific injection initiation risk factors do not differ substantially from those reported in studies of general drug injection initiation.

1.2. Initiating other people into injection drug use

While researchers have focused on the contexts surrounding initiation into injection, few studies have examined the role of established people who inject drugs (PWID) in assisting injection-naïve people to get their first injection. This is somewhat surprising since studies show that most PWID are assisted with their first injection (range: 68–88%; Crofts et al., 1996; Rotondi et al., 2014). In addition, qualitative and quantitative research indicates that people who transition into drug injection are typically socialized into it by established PWID who describe injection to non-injectors, inject in front of non-injectors, and even encourage drug injection (Hunt et al., 1998; Khobzi et al., 2008; Mars et al., 2014; Simmons et al., 2012; Stillwell et al., 1999; Strike et al., 2014). The role of established PWID in facilitating injection initiation has not been extensively studied.

To our knowledge, only three studies in the peer-reviewed literature have described or examined factors associated with PWID initiating others into injection. Reports of ever initiating vary from a high of 47% (Crofts et al., 1996) to a low of 17% (Bryant and Treloar, 2008). The average number of people initiated into injection drug use per PWID ranged from 0.6 to 2.3 in these studies (Crofts et al., 1996; Rotondi et al., 2014). Factors associated with initiating people into injection included years of injection, socio-economic deprivation, history of incarceration, poly-drug use, and some injection-related risks (Bryant and Treloar, 2008; Crofts et al., 1996). However, these studies have significant weaknesses including samples that only included younger or new injectors (Bryant and Treloar, 2008; Crofts et al., 1996) or small sample sizes (Rotondi et al., 2014). To better understand the phenomenon of initiating others into injection, we need studies that involve large numbers of PWID across the whole age spectrum and who have had short and long injection careers.

Drug injection continues to spread globally; 148 countries reported drug injection in 2008 as compared to 90 in 1993 (Mathers et al., 2008; Stimson, 1993). In the United States and elsewhere, there is an ongoing concern that increased availability of opiate prescription medications is leading to an increase in the number of PWID (Al-Tayyib et al., 2013; Bruneau et al., 2012; Cicero et al., 2014; Mars et al., 2014; Pollini et al., 2011) after a period of stability or even decline (Brady et al., 2008; Tempalski et al., 2013). In the face of this potential growth in drug injection, it is important to better understand the contribution of established PWID to injection drug initiation.

In this study, we examine the characteristics of PWID who initiate others into drug injection. This research examines the prevalence of, and risk factors for, initiating others into drug injection in a large, racially/ethnically diverse sample of PWID. We describe lifetime and recent prevalence of initiation of non-injectors among our sample. We then examine factors associated with initiating someone in the last 12 months with a goal of identifying potential areas that could be the focus of prevention interventions.

2. Methods

2.1. Study procedures

Data for this paper was derived from a larger National Institute on Drug Abuse (NIDA) funded study on PWID who initiated injection drug use later in life. Data analysis is ongoing and initial results have been reported elsewhere (Arreola et al., 2014; Quinn et al., 2014). Study participants were recruited in Los Angeles and San Francisco, California, using targeted sampling and community outreach methods (Bluthenthal and Watters, 1995; Kral et al., 2010; Watters and Biernacki, 1989). Data collection occurred at community-based field sites in locations convenient for participants. Recruitment took place between April, 2011 and April, 2013. Eligibility criteria for the study were: (1) age 18 or older, (2) injection drug use in the past 30 days as verified by visual inspection for signs of recent venipuncture (tracks; Cagle et al., 2002), and (3) the ability to provide informed consent. Study participants were paid \$20 for completing the survey.

After providing informed consent, interviewers administered the computer-assisted personal interview using laptops programed with Questionnaire Development System (QDS) software (NOVA Research, Bethesda, MD). 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

The total sample size was 777; 397 participants were recruited in Los Angeles and 380 in San Francisco. Beginning August 2011, after four months of data collection, we added initiation risk behaviors to the questionnaire (described below). To make use of these items, we restricted our analytic sample in this paper to only those subjects who participated after these questions were asked, resulting in a loss of 170 participants. Lastly, to examine gender effects more precisely, we excluded two transgendered participants from the analysis, leaving an analytic sample of 605 participants.

2.3. Study measures

Main outcome variable: Our main outcome variable was initiating someone into injection in the last 12 months. To elicit information about this, we asked participants: "In the last 12 months, have you helped anyone get their first hit (the first time they ever injected)?" Those responding, 'Yes,' were next asked "In the last 12 months, how many people have you helped get their first hit?" We also collected information on lifetime initiating, including number of people and the relationship of the initiator to the initiate (e.g., friend, acquaintance, parent, brother/sister, other family members, girlfriend/boyfriend, pimp, trick/client, drug dealer, and inmate/prisoner). Based on low response counts, we re-categorized parents and siblings into "family member" and pimp, trick, client, drug dealers, and inmate/prisoners into "criminal associates."

Main independent variables: We collected information on behaviors that prior research had indicated are associated with initiating someone into drug injection (Hunt et al., 1998; Strike et al., 2014). These items included "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, Never"). We also asked "How likely is it that you would initiate someone into injection drug use in the future?" (Response options: "Definitely would not, Probably would not, Not sure, Probably would, Definitely would"). Participants responding 'yes' to having ever described injection to a non-injector were next

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