Experience from an interactive educational pilot program aiming behavioural changes among active injecting drug users in France Lessons learned

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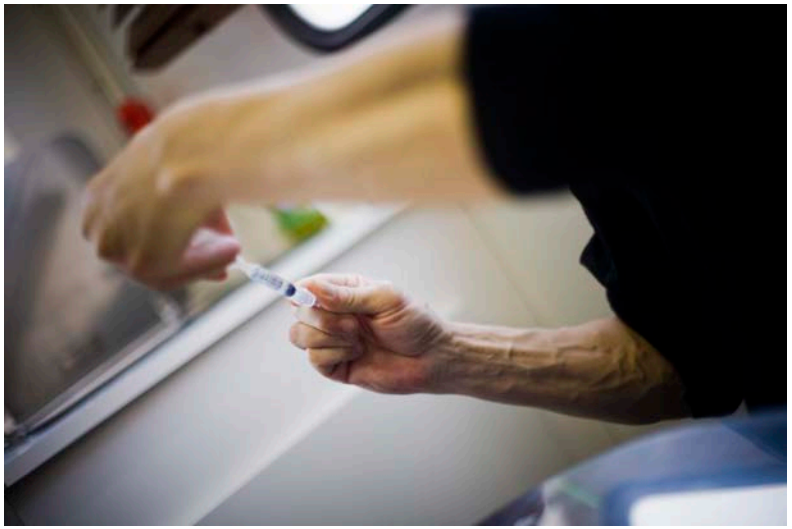
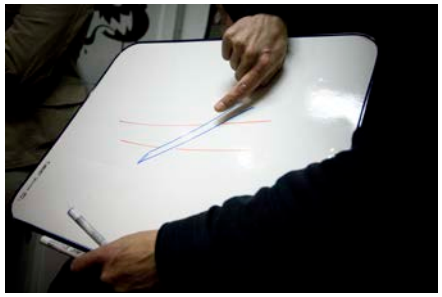


Issue

- Merely distributing sterile injection materials has shown limited impact on several injection-related disease:
  - Viral, namely hepatitis C virus (HCV)
  - Bacterial infections
- Implementing classical information, education and communication strategies is not enough
- Wrong perception of risks and lack of knowledge on HCV
- Major concern: huge discrepancy between real practices and self report regarding those practices
- Users' demand: people who inject drugs (PWIDs) ask for sustain to improve their injection practices

ERLI project



- Since 2010, MdM-F, SIDA Paroles and Gaïa-Paris have implemented a pilot program based on an interactive, face-to-face educational approach regarding drug injection related risk behaviours.
- Opportunity to discuss and develop customized strategies for behavioural change with the client:
  - Improve knowledge on risks related to injection and reverse counterproductive social representations
  - Promote transition route to injection
- Better monitoring on risks practices (“state of the art”)
- Opportunity to refer to testing, diagnosis and treatment
- Method: PWID are invited to perform their injection in front of two facilitators, one of whom is always a nurse.

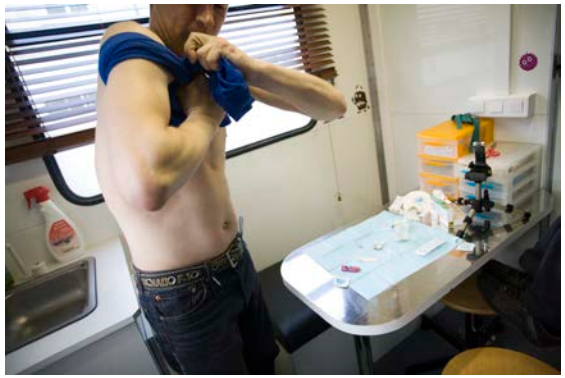
In practice

Inclusion	Consumption	Educational discussion
◆ Needs assessment ◆ Project explanation, regulation, formal consent ◆ Checking current personnel drug set and setting (drug, injection entry point, etc.)	◆ Observation during injection ◆ According formal consent, facilitators are able to intervene to point out risks practices ◆ No technical input from the team to facilitate injection ➔Promote autonomy in safe injection practices	◆ Risk self analysis + team feedback ➔Joint statement ◆ Interactive discussion on risks identified ◆ Proposition of practical exercises to be done by the next session

Lessons learned

- Three main lessons:
  - How to find veins?
  - Difference between clean, disinfected and sterile?
  - How to stop blooding?
- Two intervention fields:
  - Sida Paroles: Low threshold drop in centre in Paris suburb (Colombes)
  - Gaïa Paris: Harm reduction mobile unit in Paris

Gaïa Paris



- One of the biggest harm reduction program: more than 2,000 beneficiaries closed to East and North railways stations
- Different profiles
- Most popular drug: Skenan® (morphine)
- Site specificity: smuggling and consumption
- Huge level of law enforcement
- ERLI in 2013: 89 beneficiaries
  - Middle age: 34,5 years old (20-59)
  - Injection length: 6 month to more than 30 years
- 644 sessions 2013 (open 12 hours per week)

Sida Paroles

- Approximately 150 beneficiaries in the DIC
- Same profile: middle age 46,8 years old (29-53), most of them are native from Morocco or Algeria and grew up in ghettos of migrants
- Injection: taboo practice
- Most popular drugs: heroin and cocaine
- Strong habits for injection practices interacting with behavioural change
- Blood system highly altered
- More than 350 sessions in 2013

Conclusion

- Witnessing practices help to improve quality of harm reduction interventions
- AERLI-ANRS results presented at AIDS 2014 Conference. Positive impact in terms of :
  - A decrease in HCV at-risk practices
  - A reduction in local complications at the injection site
- Lessons learned useful for devising Paris drug consumption room