Overview

Lately, discussions about hepatitis C prevention have reframed the focus on young people to include not only those who are injecting but those at risk for taking up injecting. By focussing on this group the hope is to reduce harms among those who might eventually inject, including of course to reduce the incidence of hepatitis C infection. Indeed the highest incidence of hepatitis C infection occurs among people who have been injecting for three years or less. With funding from NSW Health, we conducted one of the first known studies of this group. We used surveys and in-depth interviews with young socially marginalised drug users in Sydney, asking them about a range of issues including their own drug use and that of their peers, their experiences and knowledge of harm reduction services and what they thought about injecting and hepatitis C. Over a 12 month period during 2010–2011 we visited 15 sites in metropolitan Sydney that offered emergency shelter, drug and alcohol treatment and/or educational and recreational services to young people.

Study method

We used surveys and in-depth interviews to collect data from study participants. The survey was administered using touch screen laptops with an audio option for those with low literacy. Study participants were disadvantaged young people aged 16 to 24 years, who had used an illicit drug in the previous 12 months, and reported having been offered drugs to inject or having a close friend, boyfriend or girlfriend who was injecting.
The exposure and transition study: research summary

Non-injecting and injecting drug use

Overall, participants reported that they:
- used marijuana often but had used other drugs less often
- used drugs for a range of reasons, most commonly to manage stresses in their everyday lives
- did not inject drugs, with less than one in six saying they had ever injected
- were generally negative about injecting with some believing it to be immoral and ‘disgusting’
- knew others who injected but that this was generally hidden and they did not witness it firsthand

Non-injecting drug use

The survey indicated that the most common form of drug taking was marijuana use with 70.9% of participants saying they had used marijuana in the past year. There was less use of other drugs such as ecstasy and methamphetamine, with about a third saying they had used these drugs in the past year. Typically, participants’ first experiences of using illicit drugs happened between the ages of 13 and 15 which appears to be much younger than what other studies about young people observe (AIHW, 2011).

Even though drug use was common, survey participants did not hold particularly accepting or liberal views about drug use, acknowledging that drugs can be both ‘fun’ and ‘dangerous’. Interview data suggests that drugs were used for a range of reasons, most commonly to manage stresses in their everyday lives but also as a form of fun and pleasure. For example, many participants saw drug taking as a means of escapism or release:

- “They make you feel awesome; I don’t know, it’s fun. Like yeah...they’re so much fun. It depends what drugs but. Some drugs are normal, like weed, you smoke it to be normal. But other drugs, they’re just fun.” (Anneliese, aged 20)

Injecting drug use

Injecting was not prevalent among survey participants (16% had ever injected) but was much more common than has been found among similarly aged peers in national studies (AIHW, 2011). Analyses show that injecting did not occur randomly but rather was more common among those who had also experienced considerable social vulnerability such as having been previously diagnosed with a mental illness and/or had been homeless. Injecting was also more common among young men and those who were older.

Interview participants tended to hold negative views about the use of needles and people who injected. Some expressed somewhat neutral attitudes, disapproving of injecting not because it was felt to be immoral but because of the pain of needles:

- “I’ve never touched a needle...I’m just petrified of needles. I won’t touch a needle. Yeah, I even refuse blood tests. I just can’t do it.” (Wayne, age 23)

- “I would never do it. I don’t know because I don’t even like doctors like giving me needles. I don’t like blood and things going into me and things like that. I’m pretty hopeless with pain or things like that.” (Cleo, aged 17)

Others held more value-laden views and expressed disgust and revulsion about injecting and people who injected:

- “What do you think about injecting?”
- “That’s gross. Yeah like I totally judge people that inject.” (Anneliese, aged 20)

It kind of disgusts me... Just the fact that someone can do that to themselves. Like I mean pot and stuff is completely different. Like it’s, you’re not jabbing yourself with a needle just to get high. I mean there are other ways to go about it. But when you start jabbing yourself with a needle just to get a high it starts to, I think it’s taking it a little bit too far.” (Elise, aged 16).
Exposure to injecting

Both survey and interview participants reported some experience of exposure to injecting as this was a criterion for entry into the study. Amongst survey participants, two-thirds reported being exposed to injecting through friends, with a smaller group reporting exposure from a romantic or intimate partner. Survey participants who were gay, lesbian or bisexual; frequent users of methamphetamine; and recently homeless were exposed to injecting more often.

Most interview participants had never injected but all knew others who had. They told of how they were aware that their peers or family members injected, but generally did not witness this firsthand:

I know heaps of people that shoot up.
And do they do it around you?
No. They have more respect around here... like some of the people around here like you wouldn't even know that they shoot up. Like they're actually pretty normal looking and stuff. But yeah they have a lot more respect than to do it around me.

(Anneliese, age 20)

The hidden nature of injecting among this group of young people may reduce the potential for future injecting, but it may also contribute to them having little knowledge about safe injecting practices or hepatitis C prior to finding themselves in a situation where they have the opportunity to inject.

Hepatitis C

Overall, participants:

- knew that hepatitis C could be contracted by sharing needles while injecting drugs
- thought that hepatitis C could be sexually transmitted during heterosexual sex

Survey participants tended to know that hepatitis C can be transmitted through injecting drug use and tattooing, but held much poorer knowledge about other forms of transmission such as sexual transmission. As shown in Table 1, only 16% knew that hepatitis C was not sexually transmitted.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>Correctly Identified Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tattooing and piercing</td>
<td>72%</td>
</tr>
<tr>
<td>Sharing a needle and syringe with someone when injecting drugs</td>
<td>81%</td>
</tr>
<tr>
<td>Having sex with a man</td>
<td>16%</td>
</tr>
<tr>
<td>Not all people who have hepatitis C can be cured</td>
<td>46%</td>
</tr>
<tr>
<td>Hepatitis C has long term effects on your health</td>
<td>55%</td>
</tr>
</tbody>
</table>

Interview data suggests that participants believed they were not susceptible to contracting hepatitis C and did not know others who had the disease. This is similar to the survey results with 86% of those surveyed believing they were unlikely to get hepatitis C. This, together with the generally poor knowledge about how hepatitis C is transmitted, has important implications for prevention since many participants live their lives in a context where the opportunities for injecting are prominent, and injecting may materialise without any planning. Thus, their lack of knowledge or concern about hepatitis C can be problematic.

Harm reduction services

Overall, participants reported:

- poor knowledge about where to get help for drug use or hepatitis C, in particular about where to find sterile needles and syringes
- a dependence on youth-oriented service rather than AOD or harm reduction services, and a dependence on particular individuals within those youth services
- they were wary of peers as a source of information or help, although expressed more confidence in older more experienced drug users
Survey participants had particularly poor knowledge about harm reduction services, in particular needle and syringe programs. Most (70%) did not know where to get sterile needles and syringes, and those who could correctly identify places to get them tended to identify secondary outlets such as pharmacies, hospitals and vending machines. Dependence on secondary outlets suggests the need to improve knowledge about primary outlets where staff may be more knowledgeable about and sympathetic towards young injectors, and/or to improve knowledge and training of secondary outlet staff. When asked where they might seek help for drug use, participants expressed a high level of dependence upon youth services, usually the service they were recruited from. Moreover, they typically named an individual such as a counsellor or worker at a youth service, rather than an overall service as a source of help.

Interview participants were asked about what they valued in services and identified four key attributes, which were non-judgemental staff, staff that had their own past experiences of drug use and homelessness, capacity to meet a wide range of needs, including counselling, assistance with accommodation and education and training, and willingness to give young people more than one chance.

For the most part, survey participants did not share information with their friends and peers about hepatitis C and harm reduction. If they did discuss these things, they were most commonly about drugs and not hepatitis C. For example, only about one in five participants said that in the last month they had told others, or been told by others about where to get injecting equipment, find a friendly doctor or get treatment for drug use. This suggests a lack of trust in peer information-sharing, something that was also found in the interviews. However there was some evidence to suggest that participants placed trust in older drug users who may have a role as educators:

And I guess I was interested whether some older people in your network have given you information about [safe injecting]?

Yeah I suppose yeah they do,…well that’s how I learned most of my safety things about using stuff and taking it back. And every time I use a fit I’ll snap the needle off and put it inside the fit or inside the lid where if it somehow or another did get on a road – not that it ever would mine because I always put them in the box and the bin. But if it ever did happen then a kid couldn’t actually stab himself on it or anything like that if they did pick it up. (Ned, age 23)

References


Contributors

Chief Investigators
Dr Joanne Bryant, Centre for Social Research in Health, University of New South Wales
Dr Jeanie Ellard, Centre for Social Research in Health, University of New South Wales
Professor Carla Treloar, Centre for Social Research in Health, University of New South Wales

Expert Committee
Dr John Howard, National Drug and Alcohol Research Centre, University of New South Wales
Dr Kylie Valentine, Social Policy Research Centre, University of New South Wales
Ms Jo Holden, AIDS and Infectious Diseases Branch, NSW Health
Mr Brandon Bear, Youth Accommodation Association
Mr Cliff Deyo, Oasis Youth Support Network, Salvation Army
Mr Greg Soames, Youth off the Streets
Mr Sione Crawford, NSW Users and AIDS Association
Ms Andrea Meachem, Kirketon Road Centre
Ms Sofia Lema, Aboriginal Health and Medical Research Council of NSW
Mr Matt Noffs, Street University, Ted Noffs Foundation

Research staff
Daren Fisher
Brigit Morris
Hannah Wilson

Other supporters
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Kirketon Road Centre
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