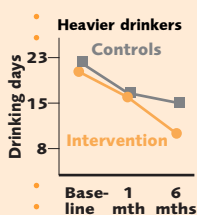


8.2 Addressing heavy drinking by needle exchange users could reduce infection risk

Findings Offering two alcohol harm-reduction sessions totalling under two hours is one way needle exchanges could further reduce the risk of infection or overdose and of aggravating hepatitis infection. Adverts at three US needle exchanges invited visitors to call researchers who checked whether they were heroin or cocaine injectors with currently untreated alcohol problems. 262 callers met these and other criteria and 187 (mainly heroin users) came for assessment. This was how the session ended for the 92 randomised to the control group. The other 95 then had their first motivational interview. Using feedback on their risk and drinking behaviours, they were led to set goals for reducing alcohol-related harm and in particular HIV risk.

Subjects were asked to return a month later for a follow-up assessment, when intervention subjects also received a 'booster' session. Virtually all returned then and six months after intake for the final follow-up. Reports on drinking (1) and HIV risk (2) document substantial reductions in both groups, but the intervention did create extra gains. Drinking reductions were concentrated among the heaviest drinkers. After assessment the half who had been drinking most frequently were now abstaining on seven more days a month; an extra three days were added by the intervention. The half who had drunk most on each drinking day had reduced intake by an extra two UK units a day. Intervention subjects had also made greater (and almost statistically significant) reductions in how often they used heroin. There was no evidence that those who now drank less had compensated by using heroin more.



HIV risk was assessed in the 109 subjects who at baseline had recently re-used used injecting equipment. From an average of 13 days, at six months controls were now running this risk just four days a month, a record barely improved on by the intervention. However, each intervention subject was significantly more likely to have reduced risk: for example, 70% had not shared at all compared to 53% of controls.

In context The researchers had previously found that exchange attenders who drank excessively or abusively were much more likely to share injecting equipment. Heavy drinking is also a major factor in opiate overdose and in the aggravation of hepatitis infection, both common in British exchange attenders. Many (in one study, a third) also have alcohol problems. Such statistics suggest that reducing alcohol-related risk is an important task for needle exchanges.

Though it offers one way to tackle this task, the study was not a test of how the intervention might work if applied routinely to heavy-drinking exchange visitors. Subjects who responded to the adverts may have been unusually motivated to do something about their drinking. How visitors would react to an uninvited approach is unknown. Lengthy research assessments may have contributed to the intervention and to the outcomes. The intervention was conducted in a research setting rather than a service whose main function (exchange) might have to take priority. Improvements were seen only after the second assessment and booster session, but arranging re-contact may be difficult.

LINKS Nuggets 5.8 1.8 1.7 • Hepatitis C and needle exchange, issue 8

Practice implications A new English strategy encourages needle exchanges to further reduce risk of infection with hepatitis C. To do so they must achieve far greater reductions in sharing. Interventions of the kind investigated in the featured study are one way forward. Adequate resourcing will be essential. Exchanges have been funded as a simple transaction mechanism rather the core of an extended risk reduction service. Exchange staff may also need help to develop the skills and confidence to tackle risk behaviour in ways which do not alienate the service's users. The skills are probably similar to those developed for brief interventions in other settings where the caller is, from their point of view, attending for another purpose.

Featured studies 1 Stein M.D. et al. "A randomized trial of a brief alcohol intervention for needle exchangers (BRAINE)." *Addiction*: 2002, 97, p. 691–700
2 Stein M.D. et al. "A brief intervention for hazardous drinkers in a needle exchange program." *Journal of Substance Abuse Treatment*: 2002, 22, p. 23–31. Copies: for both apply DrugScope.

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