

HIV- and HCV-related Risk Among Ottawa Youth Who Smoke Crack: Findings from Project Rock

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Risk, Resilience and Best Practices: Meeting the Needs of People Who Use Drugs
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RESEARCH
CONFERENCE

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CHANGING THE COURSE OF THE
HIV PREVENTION, ENGAGEMENT AND
TREATMENT CASCADE

WHY Did We Undertake This Study ?

Concern in the Community

Data from two of our previous studies working with people in Ottawa who smoke crack raised community concern about the number of younger people smoking crack

Street-involved youth a population particularly vulnerable to crack use initiation

Little known about this population and their HIV and HCV prevention needs

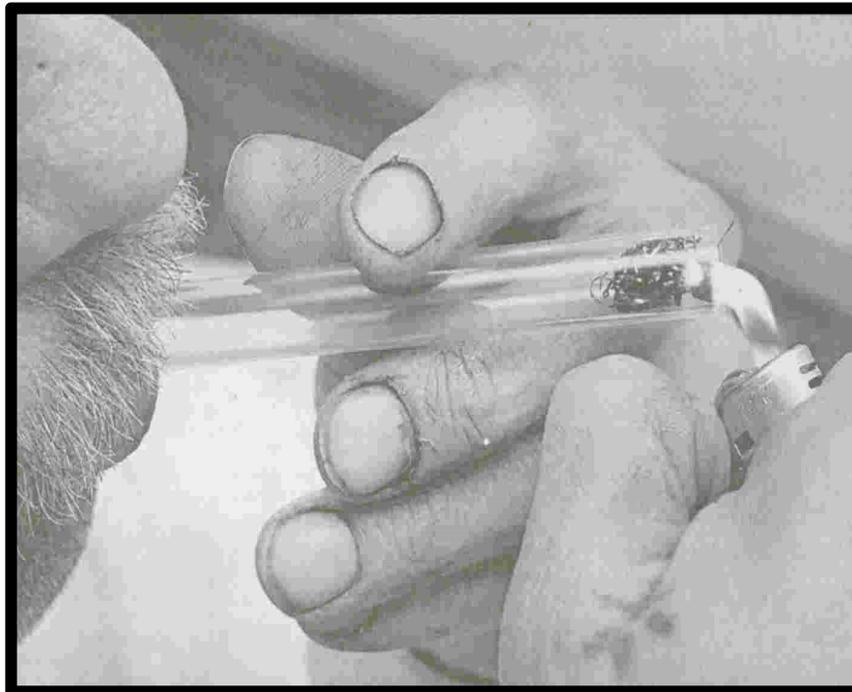
Proposal collectively crafted for research funding from CIHR for the study, *Learning From the Voices of Youth: A Participatory Research Study Exploring the HIV and HCV Prevention Needs of Youth Who Smoke Crack* (“Project Rock”)

Inform the development of targeted youth-specific HIV and HCV prevention interventions for community agencies and dissemination to program decision makers

WHY Is It Important to Undertake This Study?

Evidence of Harms

Smoking crack with previously-used “pipes” with blood splatter without the use of a mouthpiece, in the presence of oral injuries, documented to be associated with HIV and HCV transmission and acquisition



WHY Is It Important to Undertake This Study?

Evidence of Harms

Smoking crack with readily available materials contributes to chronic blisters, cuts, burns to lips and oral cavity – act as site for HIV and HCV acquisition and resultant blood spatter on devices to HIV and HCV transmission



WHY Is It Important to Undertake This Study?

Evidence of Harms

Impact on sexual behaviours

men become more sexually active (aggressively)

women sexually passive

unprotected sexual intercourse prevalent

Safer Inhalation Program Access

Restricted at Ottawa's SIP to persons 18 years of age and over



HOW Did We Undertake This Study ?

Driven by a Team of Youth

Youth Project Team

Practical and lived experience of smoking crack - recruited by community frontline workers - invited by Study Coordinator

Informed Consent

Met weekly for four months – honoraria – support post-group meetings and beyond

Activities

- Named the study

- Identified populations of youth to be included in the study;

- Developed thematic guide for qualitative interviews; and

- Developed recruitment strategies and promotional materials.

The Research Team

Principal Investigator

Dr. Lynne Leonard

Primary Knowledge User

Dan Sabourin, Youth Services Bureau

Co-investigators

Rob Boyd, Oasis Program, Sandy Hill CHC

Counselor)

Meredith Coffin, Sandy Hill CHC (Youth Addictions

Kari Daibo, Odawa Friendship Centre

Jack McCarthy, Somerset West CHC

Katie Sanders, Operation Come Home

Collaborators

Frank McGee, AIDS Bureau, MOHLTC

Section,

Dr. Gaya Jayaraman, Surveillance and Epidemiology

PHAC

Partnerships

Ottawa Public Health, Ottawa Inner City Health, Drug

Users

Advocacy League, Dr. Ian Coleman (Canada Research

Chair, in

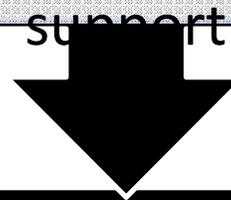
Mental Health Epidemiology), Karen White-Jones

(David Smart

Centre)

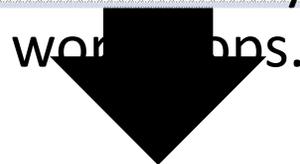
Project Conception

Youth research team. Weekly meetings – 4 months. Informed consent. Practical and lived experience of smoking crack. Honoraria. Follow-up support



Thematic Guide for Qualitative Interviews

Variability achieved through recruiting partners. Iterative process. Nine interviews completed. Thematic analysis. Two member checking



Structured Questionnaire for Personal Interviews

Flexible recruitment for youth 16-25yrs – locations, times, walk-ins and appointment. Agencies provided sites and logistical support. Peer interviewers. DBS collection for HIV and HCV testing. Recruitment ongoing – 100 interviews in two weeks.

In-depth Qualitative Interviews

28 March – 7 June 2013

9 youth who had extensive and varied experiences with crack – with consent, audio-recorded

4 young women and 5 young men

First Nations youth, Inuit youth, youth born outside of Canada, Caucasian

MSM, Bi-sexual, heterosexual

Significant experience with CAS

Youth living with HIV

Young parents

Poly-substance users

Debriefing after interview and ongoing

Honoraria, information bookmark on local counseling and health services including testing for HIV and HCV, info on study and future activities

In-depth Qualitative Interviews

Thematic Guide

Drug and crack use initiation and progression over time - influence of context and location

Procuring crack and relationships with dealers/runners

Impacts of drug and crack use on their physical and mental health, other aspects of their lives

HIV and HCV knowledge and access to and history of testing

Sexual risk behaviors

Substance use risk behaviors

Support service knowledge and access, including access to harm reduction information and supplies

History of housing instability

Involvement with the police and criminal justice system

Personal relationships and social support networks (including CAS)

Experiences with the education system including other students

In-depth Qualitative Interviews

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Results

Crack Use Initiation

Crack use after other drugs tried – alcohol and/or cannabis at age 13 → mushrooms → ecstasy → cocaine → opiates → “looking for a different high”

“I knew this guy and I picked up coke off him once in a while so I used to hang out there. I was about 18 and I was at his house - it was a crack house - I was buying some powder and doing powder with them, and I wasn't getting high... they convinced me to try freebasing it and the first rock I put in my pipe I was instantly addicted.” (Young man)

Results

Crack Use Initiation

Other drugs with peers, older figure introduced them to crack when they were homeless - seen as protecting them from the streets - street family as source of support and source of crack

"I was like a runaway so they were helping me, like took care of me and stuff but they gave me drugs. But their explanation was that I'd be doing it on the street so they might as well just do it with me and keep me safe."

(Young woman)

Results

Sexual HIV- and HCV-related Risk Behaviors

High rates of unprotected sex reported

- Among all youth with regular partners

- Among all youth with close friends

- Among youth who perceived their partner to be clean

- Among women and MSM in transactional sex

- In situations of sexual assault, rape when under the influence

Overriding assumption that partner is faithful and “clean”

Condom use not a priority or a care when actively using as do not consider the consequences

Results

"... a lot of sexual deviancy stuff happens too when you're smoking crack, crazy stuff you know what I mean? You allow yourself to be susceptible to things that normal, everyday you would never even look at, would never even think about, you know?"
(Young man)

"It's not that I wasn't in a position to say something (about wearing a condom during sex work), it's just that I didn't give a shit that much anymore, I just wanted to support it (crack addiction)." (Young woman)

Results

Substance Use HIV and HCV-related Behaviors

High level of engagement in sharing devices and equipment when smoking crack

Among friends and sexual partners

Most frequently reported explanation was that sharing demonstrated trust

Sharing partners perceived to be “clean”

Limited uptake of safer inhalation materials - dislike or discomfort - screens and mouth pieces - limited availability of programs

Lack of knowledge of safer inhalation practices

Results

"I'd just want to do it (crack) fast and I'd ask anybody on the street if they had a stem and then I'd smoke it"

"I go to the (community agency) to grab the crack pipes but I don't know how to put them together so... it cuts you up and shit. Then I'm all high and I don't realize that I'm like rippin' it and I cut all my hands."

"Like 5 or 6 days ago I was smoking crack with Brillo and the Brillo came through the pipe in my mouth and burnt here (indicate inside mouth)"