

INJECTION ASSISTANCE IN RURAL APPALACHIA: DEMOGRAPHIC AND BEHAVIORAL CHARACTERISTICS OF PEOPLE WHO HELP OTHERS INJECT DRUGS

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Background:

Injection assistance, the act of helping someone inject, is common among people who inject drugs (PWID) but is not well understood, especially in rural settings. This study aims to understand the demographic and behavioral characteristics of PWID who provide injection assistance, hereafter “injection assistors,” in rural Appalachian Kentucky.

Methods:

Peer-referral and outreach were used to recruit rural people who use drugs (n=731). Eligibility criteria included being ≥18 years, residing in one of two Appalachian Kentucky counties, and having used any drug (excluding marijuana) to get high within 6 months. Interviewer-administered questionnaires elicited data on behavioral/demographic characteristics and injection assistance. Analyses were restricted to recent (past 6 months) PWID (n=435). Generalized estimating equations were used to estimate prevalence ratios (PRs) and 95% confidence intervals (CIs).

Results:

Nearly one-third (n=131, 30.1%) reported assisting others with injection. Injection assistors were younger (unit: 5 years, PR: 0.97, CI: 0.95-1.00), injected more frequently (unit: 10 times, PR: 1.01, CI: 1.00-1.01), and were more likely to have reused their own syringes (PR: 1.38, CI: 1.05-1.81), engaged in receptive and/or distributive syringe sharing (PR: 1.38, CI: 1.07-1.77), and witnessed an overdose (PR: 1.71, CI: 1.26-2.32). Injection assistors were less likely to agree that it is easy to get new syringes (PR: 0.60, CI: 0.40-0.88), but more likely to have given new syringes from a syringe service program to others (PR: 1.41, CI: 1.06-1.89) and used naloxone to reverse someone’s overdose (PR: 1.51, CI: 1.11-2.06).

Conclusion:

PWID providing injection assistance experienced difficulty accessing syringes and engaged in more syringe sharing and reuse, placing them at greater risk of injection-related infections. Even so, injection assistors helped peers by providing them with clean syringes and administering naloxone during overdoses. Interventions that improve injection assistors’ syringe coverage and support their efforts to reduce harms among their peers are needed.

Disclosure of Interest Statement:

The authors have no conflicts of interest