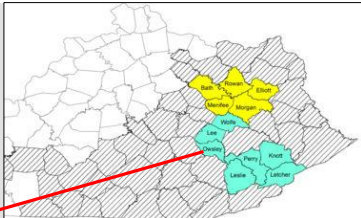
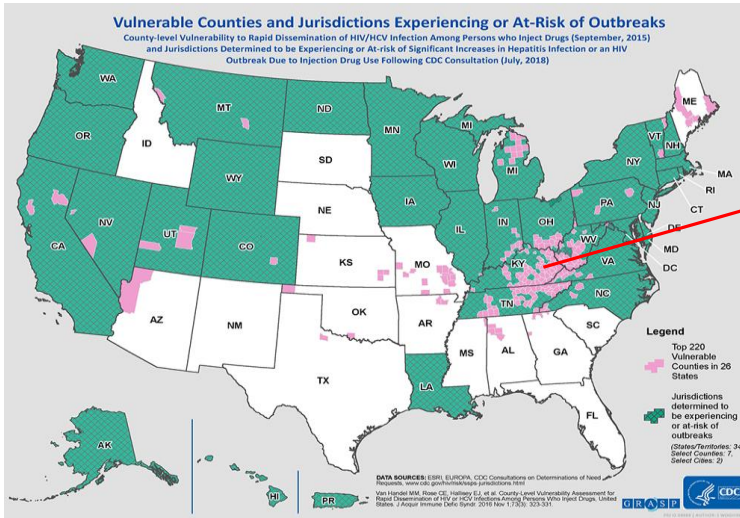


Rural Risk Environment for Hepatitis C: A Qualitative Study of Young Adults Who Use Drugs in Appalachian Kentucky

David H. Cloud, Nadya Prood, Umed Ibragimov, April M. Young, and Hannah LF Cooper



- Extant REF literature in U.S. mainly focuses on urban environments
- Appalachian Kentucky is at the epicenter of epidemics of opioid misuse and related harms (HCV, overdose)
- Prior studies demonstrate roles of social networks in HCV transmission and injection risk behaviors among people who inject drugs (PWID) in Appalachia Kentucky (e.g. Havens et al. 2013; Young et al. 2013; Young et al. 2014;)

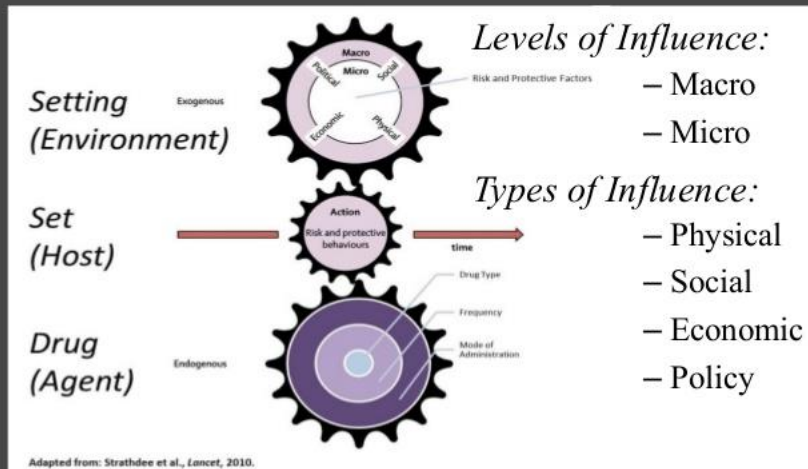
Citation: U.S. Centers for Disease Control and Prevention (2016)

Presentation Aims

Aim 1. Guided by Rhodes' Risk Environment Model, examine how features of the social environment shape vulnerabilities to HCV and HIV transmission across ecologic levels in a rural setting (Rhodes 2002; 2009)

Aim 2. Discuss implications for harm reduction interventions

The Risk Environment (Rhodes, 2002; 2009)



Methods

- **Eligibility criteria:** recent use (past 30 days) of heroin or prescription opioids (POs) to get high; aged 18-34; live in one of five rural counties in Eastern Kentucky.
- **Recruitment:** combination of street outreach and peer-driven recruitment strategies.
 - Poster #71 covers this in depth.

Methods

- **Data collection:** exploratory, in-depth qualitative interviews about participants' perceptions of the local risk environment and its relationship to vulnerability to HCV, HIV, and overdose.
- **Analysis**
 - Audio-files transcribed verbatim and doubled coded
 - Thematic analysis conducted in Nvivo v.11

Participant Characteristics

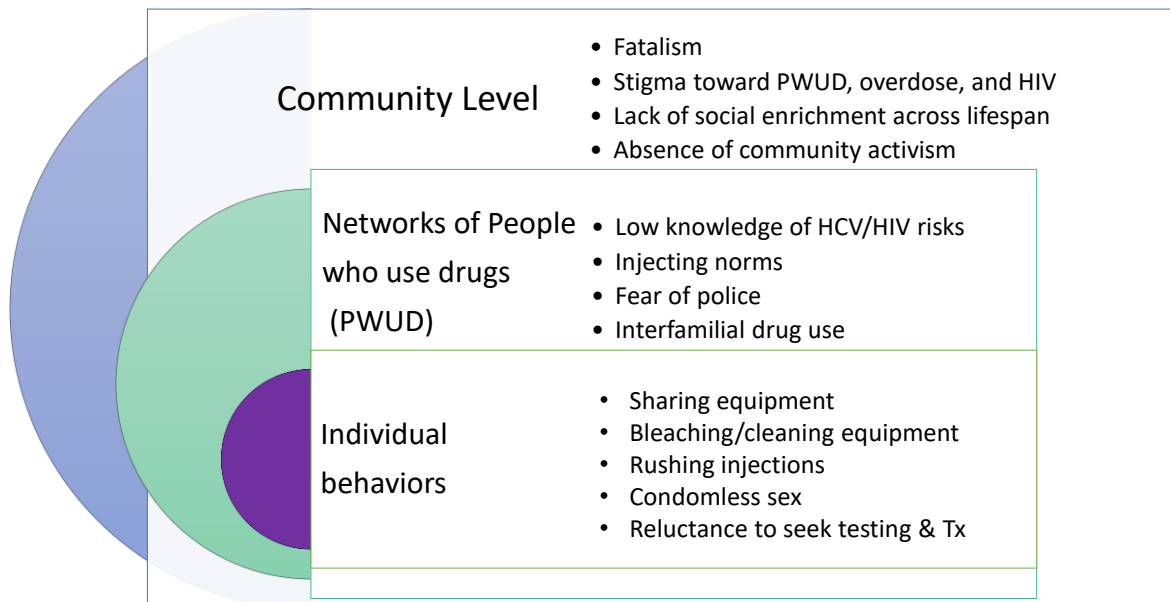
Participant Demographics

- 19 non-Hispanic white adults
- 42% (n= 8) women & 58% (n=11) men
- Mean age = 26 years (range 18-34 years)
- Lived in study area for avg. of 11 years (range 0.5-27 years)
- Reported knowing an average of **41 people** in the study area who used heroin and/or POs

Self-reported drug use among sample in past 30 days

- 81.3%(n=13) reported injecting at least one type of drug in past 30 days
- 90% reported recent use of POs
- 47% reported using heroin
- Other drugs: methamphetamine, cocaine, sedatives

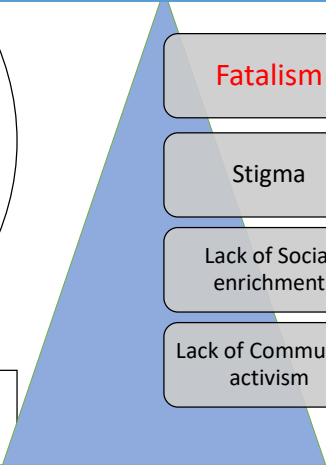
Features of Social Environment



I know a couple of my friends that share needles. They don't care at all. They could give two shits. [They] do not go the extra mile to protect themselves against that stuff [HCV or HIV]. They just don't care. They think it's inevitable.

- 27 year old woman

Community Level



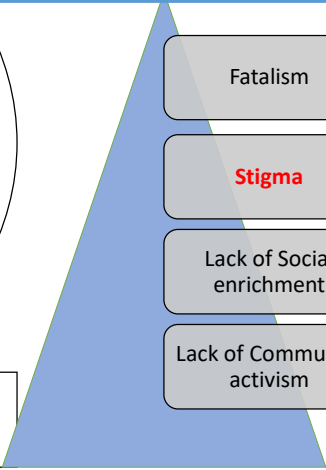
"You could probably ask a lot of people, 'what do you think of people that use needles, you know?'

...If they OD, they deserve to die.

That's a lot of peoples' attitude towards it. Everybody's judgmental, and it just keeps you from reaching out."

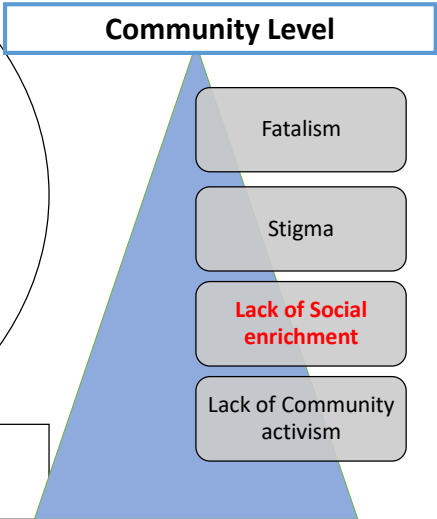
- 25 year old woman

Community Level



It's just people that, who are, you know, from here just get tired of, the same old, everyday routine and the same things you know...so they opt to do drugs as their coping method.

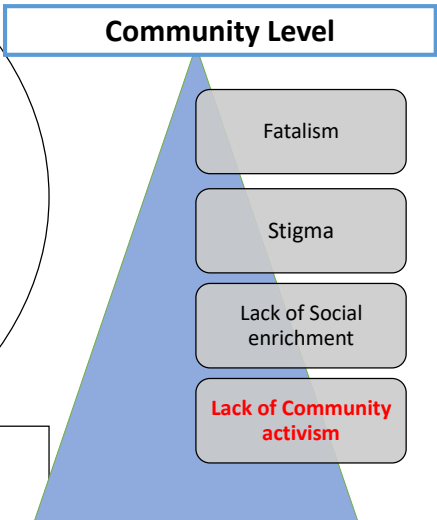
-34 year old woman

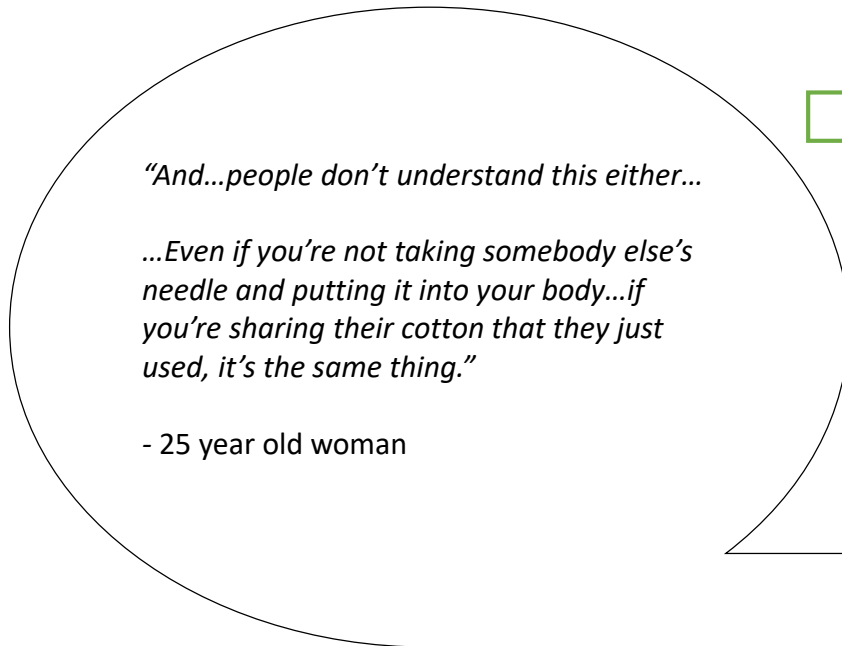


People haven't been exposed to that side of us... We are not all bad people. Some of the best people that I have met have had an addiction. We know what it is like to have absolutely nothing.

An [PWUD] will usually reach out to help you before somebody who has never had a problem, at least in my experience.

--27 year old woman





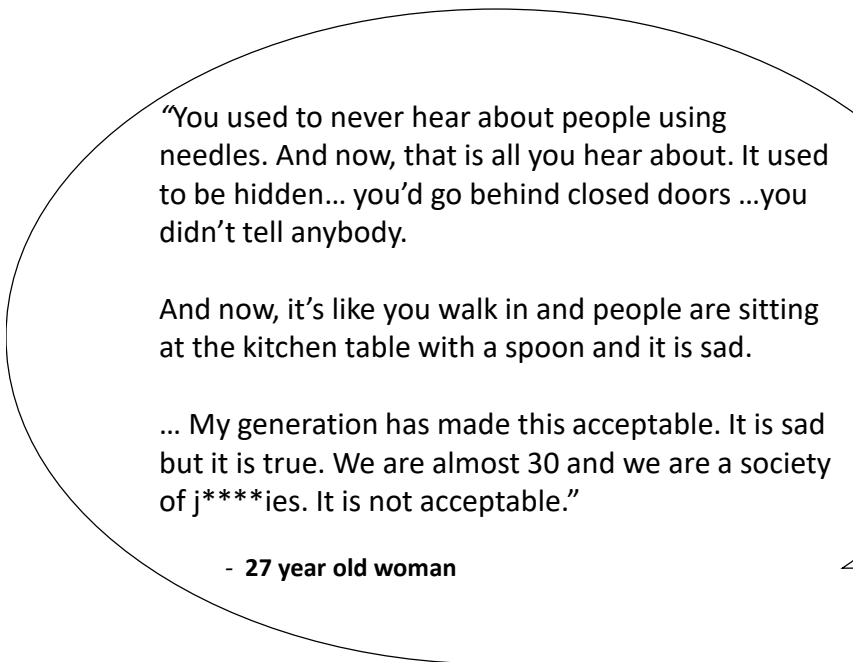
Networks of PWUD

Low Collective
knowledge of risk

Injecting norms

Interfamilial drug use

Fear of police



Networks of PWUD

Low Collective
knowledge of risk

Injecting norms

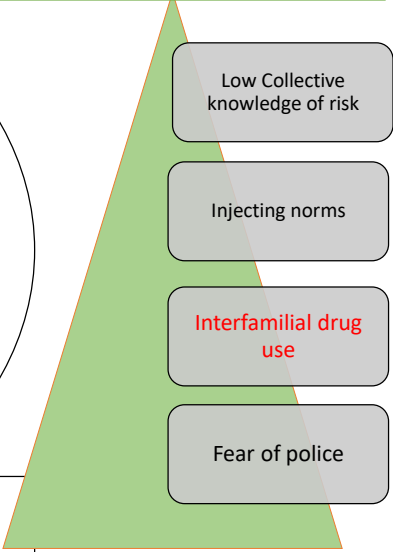
Interfamilial drug use

Fear of police

“I moved to Louisville with my brother and my Dad.... it was just drugs, drugs, drugs, drugs, you know... I am not strong minded enough to be sober with two other people that are nodding off.”

- **18 year old man**

Networks of PWUD

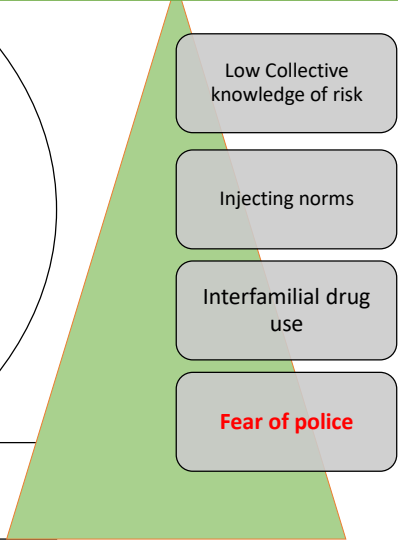


There's a city police station on Main Street, and then there's – the sheriff's office is like a thousand feet from the one on Main Street, and then you've got your state police barracks up, like, smack in the middle of town. It could be – like I said, it [SEP] could be a setup. They could go in, exchange their needle.

You feel like you're all [SEP staff] going to test it [needle], find residue, call the cops; and they get arrested walking out the shop. A lot of people fear that.

- **25 year old man**

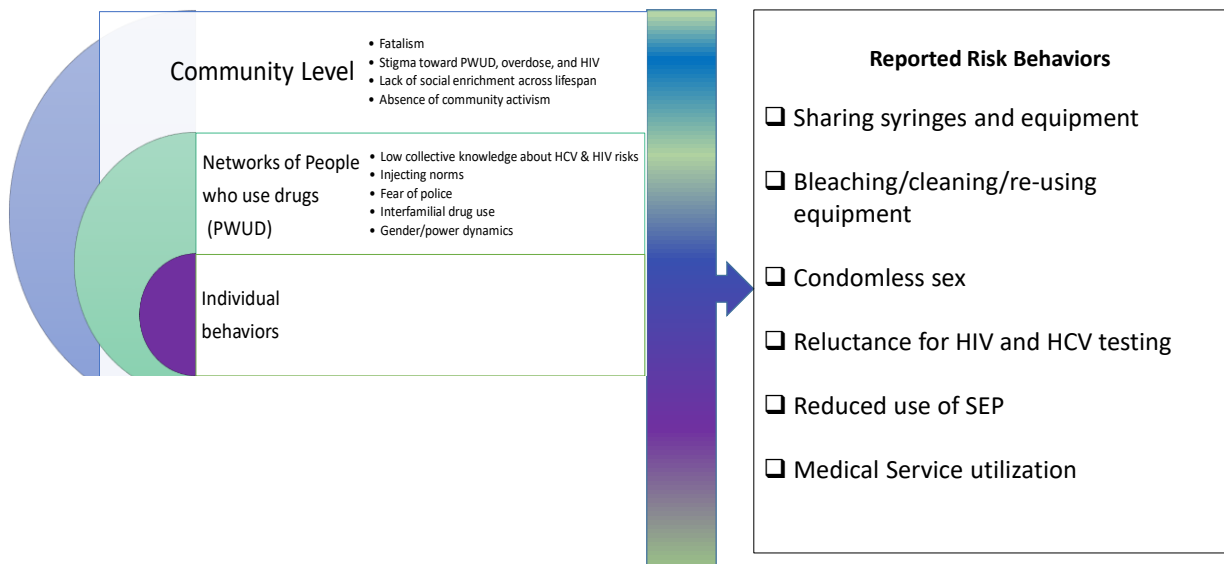
Networks of PWUD



Lack of access to sterile syringes

- Participants reported lack of access to clean syringes, despite acknowledging risks of sharing.
- **Sources of syringes:**
 - Dealers
 - Diabetic friends or family members
 - Littered syringes in trap houses or public spaces
 - Pharmacies
 - Few reported using newly established SEP with mixed reporting on access and satisfaction
- **KY legalized SEPs in 2015**
 - Health-department operated
 - Expanding significantly in study area

How features of social environment influence individual risk behaviors



Implications for interventions

1. Inform SEP Implementation:
 - Satellite and secondary exchanges to leverage social networks of PWUD to expand reach, access, and utilization of SEP services
 - Education and trainings for law enforcement
 - Public/community education on benefits and urgency of SEPs and as mode for drug treatment outreach
2. Targeted health education for young adults and families on HCV and HIV transmission risk
 - PWUD education on perils of sharing cookers, cottons, water

Implications for public health interventions

3. Advance local advocacy and community organizing for PWUD
 - Organize local events, cookouts, and community forums to support PWUD and sex workers.
 - Collaborations with national and regional harm reduction organizations to build capacity for organizing
 - Advocate for social enrichment programs for children and young adults
4. Stigma reduction interventions around substance misuse, HCV, HIV, and ODS

Acknowledgements

- Grateful to study participants and members of the local communities who participated and helped facilitate opportunities to conduct these interviews
- Study supported by grant from the U.S. National Institute of Health
 - **Project Title:** *Novel Methods For Research On Young Rural Opioid Users At Risk Of HIV, HCV & OD*
 - **Grant number:** 5R21DA042727-02 (PIs: Cooper, Young)
- Study staff
- Authors report no conflicts of interest

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