STUDY TO REDUCE INTRAVENOUS EXPOSURES (STRIVE)

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population
- HIV-negative injection drug users with Hepatitis C virus (HCV) infection

Goals of Intervention
- Eliminate or reduce risky injection practices (e.g. syringe lending, unsafe drug preparation)
- Eliminate or reduce the spread of HCV

Brief Description

STRIVE is a 6-session, group-level, peer mentoring intervention designed to prevent high-risk drug injection behaviors among injection drug users (IDUs). The intervention is delivered by two trained facilitators to groups of 5 to 9 persons. The intervention aims to reduce HCV transmission risk by training participants to mentor other IDUs and to promote risk reduction information. A harm reduction approach is used to promote distributive risk reduction options. The intervention also emphasizes participants to set an example for their close peers through their own safer injection practices. The peer mentoring role also provides participants with a new "prosocial" identity which reinforces their motivation to practice and promote safer injection drug behaviors. The first 4 sessions of the intervention increase knowledge about HCV, and provide skills to reduce injection behaviors and alcohol use. These sessions also help participants manage their HCV health care, and teach them how to effectively conduct educational outreach to other IDUs. The final 2 sessions provide participants with communication techniques to facilitate HCV-related peer mentoring and to conduct peer mentoring in community-based settings. The intervention content is delivered through demonstrations, games, group discussions, skills-building exercises, street outreach activities, and videos.

Theoretical Basis
- Cognitive Behavioral Theory
- Social Learning Theory

Intervention Duration
- Six 2-hour sessions delivered twice a week over a 3-week period

Intervention Settings
- Private meeting room at the research site

Deliverer
- Two trained facilitators

Delivery Methods

- Demonstrations
- Discussion
- Exercises/games
- Practice
- Role plays
- Videos

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through Sociometrics under the name Study to Reduce Intravenous Exposures (STRIVE).

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Baltimore, Maryland; New York City, New York; and Seattle, Washington between 2002 and 2004.

Key Intervention Effects

- Reduced distributive risk among those continuing to inject drugs
- Reduced frequency of preparing drugs with a syringe previously used by oneself
- Reduced sharing drug preparation equipment
- Increased refraining from injection drug use
- Reduced frequency of injecting self with used syringe

Study Sample

The baseline study sample of 418 HIV-negative and HCV-positive injection drug users is characterized by the following:

- *57% white, 27% Hispanic/Latino, 7% black or African American, 10% other*
- *76% men, 24% women*
- *Mean age of 27 years*

Recruitment Settings

Referrals from other research studies (e.g., Collaborative Injection Drug Users Studies-III/Drug Users Intervention Trial, CIDUS-II/DUIT; or studies being conducted at the Seattle and New York City sites)

Eligibility Criteria

Men and women were eligible if they were between 18 and 35 years old, reported injection drug use during the 6 months preceding screening, planned on living in the area for the next 12 months, provided documentation of their anti-HCV positive and HIV-negative serostatus, were willing to provide a blood sample for liver function and HCV-RNA testing, and were able to comprehend English well enough to complete assessments and participate in group discussions.

Assignment Method

Injection drug users (N = 418) were randomly assigned to 1 of 2 groups: Peer Mentoring Intervention (n = 222) or Video Discussion Comparison (n = 196).

Comparison Group

The comparison group consisted of six 2-hour group sessions over 3 weeks. In each session, participants watched a docudrama television series focusing on the lives of young injection drug users living in an urban setting, and then participated in a facilitated group discussion led by the same two trained facilitators as the intervention group. Facilitators used a scripted manual to guide discussion around family, education, self-respect, relationships, violence, parenting, and employment. Participants were referred to a resource table for more information on risk reduction and access to health care.

Relevant Outcomes Measured and Follow-up Time

- Injection drug risk behaviors during past 3 months (including frequency of lending used syringe to others, frequency of preparing drugs with a syringe previously used, frequency of sharing drug preparation equipment with or before someone else, refrained from injection drug use, refrained from lending syringe because of HCV-positive status, and frequency of injecting oneself with used syringe) were measured at 3 and 6 months after the intervention.
- A combined distributive risk indicator was created by combining three injection drug risk behaviors: lending one's used syringe, preparing drugs with a syringe one had previously used, sharing drug preparation equipment or injecting drugs.

Participant Retention

- Peer Mentoring Intervention
  - 66% retained at 3 months
  - 81% retained at 6 months

- Video Discussion Comparison
  - 66% retained at 3 months
  - 80% retained at 6 months

Significant Findings

- At the 6-month follow-up, the Peer Mentoring Intervention participants reported significantly lower levels in the combined distributive risk indicator ($p = .006$) and sharing drug preparation equipment ($p = .03$), compared to the Video Discussion Comparison participants.
- At the 3-month follow-up, intervention participants reported significantly lower levels of the following outcomes than comparison participants: combined distributive risk indicator ($p = .004$), frequency of preparing drugs with a syringe previously used by oneself ($p = .03$), sharing drug preparation equipment ($p = .008$), refraining from injection drug use ($p = .001$), and frequency of injecting self with used syringe ($p = .01$). (These findings meet the promising criteria due to the retention rates less than 70%).

Considerations

- None

REFERENCES AND CONTACT INFORMATION

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