

Barriers and Facilitators to HIV and Hepatitis C Screening among Active Intravenous Drug Users

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BACKGROUND

An estimated 3.4 million Americans have injected recreational drugs¹. Non-sterile injection practices and unprotected sexual contact place injection drug users (IDUs) at high risk of contracting and transmitting HIV and Hepatitis C (HCV). This high risk translates into approximately 1 in 3 AIDS cases due to IDUs² and 1.5 million IDUs who contract HCV³. Furthermore, IDUs are at especially high risk for co-infection, thereby complicating treatment.⁴ Despite high disease burdens, screening rates of IDUs remain low. Many programs have been instituted, but few have used IDUs perception to guide interventions.

We explored perceived barriers and facilitators to HIV and HCV testing among IDUs utilizing a community-based needle exchange program. We used the results to construct a conceptual model for informing future interventions.

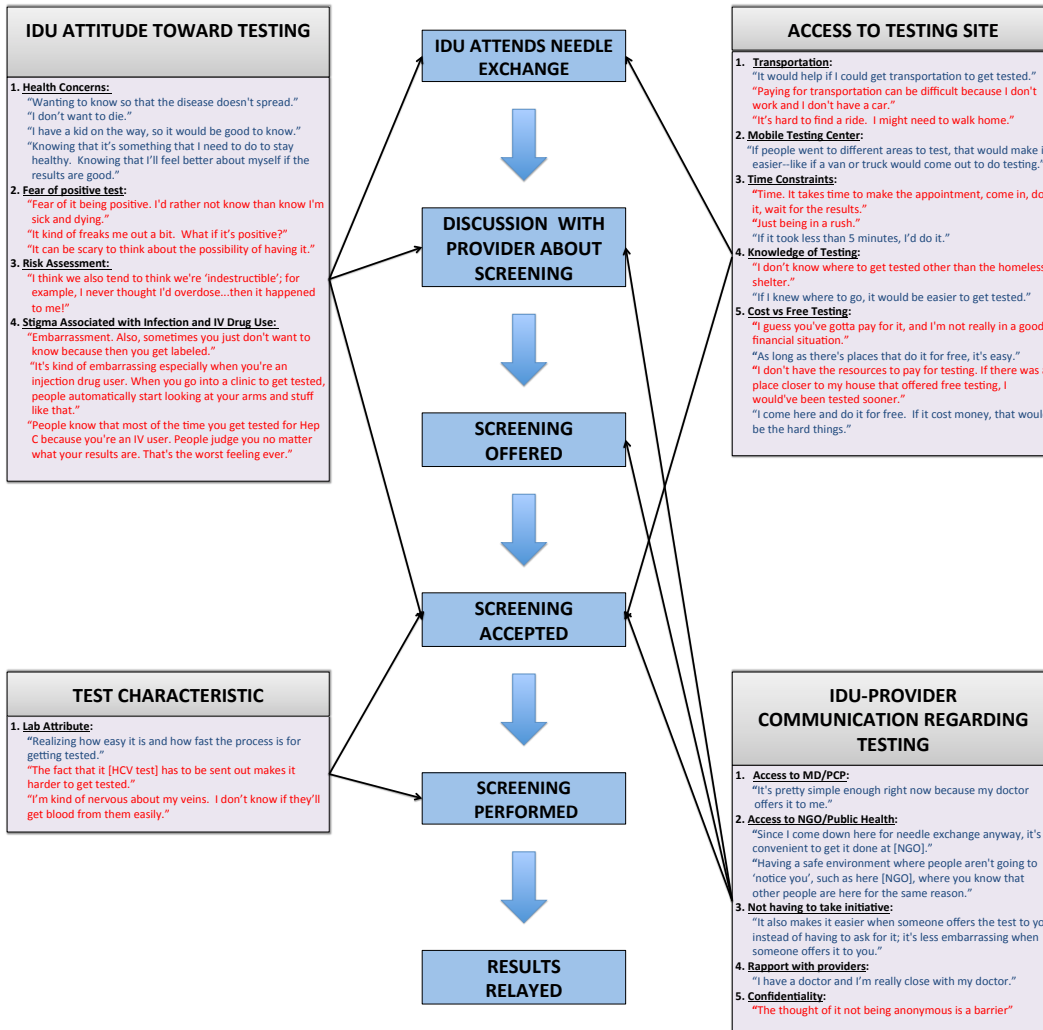
METHODS

- We performed a cross-sectional, oral interview of 553 active IDUs in multiple urban settings throughout southern Wisconsin presenting for free needle exchange services
- Questions were developed based on the health belief model. Responses were recorded verbatim on a standardized spreadsheet.
- Standard interview questions included: 1) What makes it harder for you to get tested for HIV/HCV? 2) What makes it easier for you to get tested for HIV/HCV?
- Each participant received \$10 compensation.
- Two investigators used inductive thematic analysis to code the qualitative responses line-by-line.
- Main themes regarding barriers and facilitators were determined by consensus. Coders achieved 81% agreement.

PARTICIPANT DEMOGRAPHICS

Total Participants (N)	553
Age (Median)	28 (interquartile 23-36)
Sex (%)	
Male	69
Race/Ethnicity (%), self-reported, more than one may apply	
White	83.2
Black	11.6
Hispanic	6.7
Employment Status (%)	
Unemployed	61.6
Area of Residence (%)	
Urban	41.9
Education (%)	
Less than high school diploma	22.8
HS Diploma	32.7
More than high school diploma	44.5
Frequency of injection (%)	
≤ Weekly	31.7
≥ Once daily, everyday	68.3
Hepatitis C Status (%)	
Not active (treated/cleared)	20.3
Active	54.1
Don't know	25.7
Last HCV test (%)	
>1 year ago	19.9
Never	10.7
No. of individuals who reported confirmed HIV seropositivity	4 (0.7%)
Last HIV test	
Never	5.3
Past 3 months	36
Past 6 months	25.1
Past year	15.7
>1 year	17.9

FACTORS ASSOCIATED WITH HIV AND HCV SCREENING IN IDUs



MAIN BARRIERS & FACILITATORS

	HIV	HCV
Most commonly mentioned barriers	<ol style="list-style-type: none"> 1. Lack of transportation 2. Fear of positive test 3. Lack of time 4. Cost/ lack of medical insurance 	<ol style="list-style-type: none"> 1. Lack of transportation 2. Lack of time 3. Cost/ lack of health insurance 4. Lack of knowledge regarding testing
Most commonly mentioned facilitators	<ol style="list-style-type: none"> 1. Access to NGO 2. Health concerns 3. Access to free testing 4. Access to transportation 	<ol style="list-style-type: none"> 1. Access to NGO 2. Access to free testing 3. Health concerns 4. Access to transportation

STANDARD INTERVIEW QUESTIONS

1. What makes it harder for you to get tested for HIV?
2. What makes it easier for you to get tested for HIV?
3. What makes it harder for you to get tested for Hepatitis C?
4. What makes it easier for you to get tested for Hepatitis C?

CONCLUSIONS

Our study offers an analysis of why active IDUs do not participate in HIV and HCV screening and a model for future research. Most barriers to screening were related to limited access and resources such as locale, transportation, and time constraints. Fear associated with a positive test was also a significant barrier to screening for HIV. Many IDUs reported concern about their overall health. Future tailored educational interventions focused on health benefits from HIV and HCV screening may be beneficial.

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