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Implementing and adapting a model HCV prevention program for young adults

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The UFO Model
A hep C intervention for young adult IDU

Background

- High HCV incidence and rapidly increasing HCV prevalence have been observed among young adult injection drug users (IDU)
- Recently, reports in several cities across the US show increases in young adults utilizing syringe exchange and drug treatment programs as well as increases in accidental overdose
- The UFO Model is an HCV prevention strategy based on 15 years of research and services with young adults who inject drugs in San Francisco, CA (UFO Study)
- With support from the CDC Viral Hepatitis Division, the UFO strategy has been documented and developed into a model HCV education and prevention program that can be adapted by agencies working with young adults at risk for HCV
- The UFO Model approach is client-centered, culturally competent and informed by the needs of the young adult injector community.
- The UFO Model works on the individual, group and community level and has six components:

1. Outreach and education
2. Youth-centered referrals
3. Drop-in center
4. Syringe access and overdose prevention
5. Counseling and testing for HCV, HBV and HIV, and vaccines for HAV and HBV
6. 8-session education and support group

Methods

We have developed a Replication Manual for the UFO Model along with training and technical assistance (TA) products (www.ufomodel.org).

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Two agencies are currently testing the usability of UFO Model materials and TA products:

Harm Reduction Services (HRS), Sacramento, CA. HRS is adapting the UFO Model to use with suburban young adults.

North Jersey Community Research Initiative (NJCRI), Newark, NJ. NJCRI is adapting the UFO Model to use with Project WOW!, a program for young Black gay men and transgender women.

We conducted site visits at each agency at the beginning and during implementation of the program, and interviewed young adult participants at each site. In addition, we have conducted interviews with organizations across the US who serve young adult IDU.

Stories of young IDU

Newark, NJ. Young man, 21, lives with his parents in the suburbs, has a job in construction. He got hooked on Oxycontin, then started injecting when he was 19. Before he came to the exchange, he used to reuse the same needle until it broke off into his arm—once his arm swelled up to the size of his leg. He is HCV-.

Sacramento, CA. Young woman, 27, lives with her boyfriend. She started using oxy and cocaine at 18 and injecting heroin at 21. She recently tested HCV+. She says, "I didn't know I could get addicted to Oxy. After only two or three times I started getting sick if I didn't use. I didn't know how strung out I'd get and how I'd feel. Like, I'm sick as fuck today—I haven't used yet. If someone had told me, I never would have started shooting."

Results

As we have studied the adaptations in our pilot communities and talked to agencies across the country, we have seen three common issues emerge as barriers to adapting the UFO Model.

HCV testing

- HCV testing and test counselor training are rare at agencies and local health departments due to lack of funding
- Even when HCV tests are available, they are almost always antibody tests
- RNA tests are rare at agencies. Therefore, agencies are only able to tell participants if they've been exposed to HCV, and not if they're actually infected.
- Guidelines for HCV rapid testing are currently being developed, and there are no formal protocol or resources yet for counselor training

Hepatitis education

- Most agencies are funded through HIV money and knowledge of hepatitis A, B and C transmission is lacking
- Many HCV materials available online and through reputable organizations are out of date or inaccurate
- Many misconceptions and "urban legends" still exist around hepatitis transmission; for example, that HAV can be acquired through shellfish
- There is confusion around sexual transmission of HCV. "Sexual transmission" is often thought of as exchange of bodily fluids, and the distinction that with HCV it is blood-to-blood transmission is sometimes lost.

Outreach

- Young ***adults*** are a new population for many agencies, and conducting effective outreach requires different approaches
- Conducting traditional street outreach in the suburbs can be challenging as young adult IDUs may not hang out in public spaces
- Young adults may drive 30-45 minutes to attend an SEP. Agencies may not have the resources (vehicle, gas, staff time) to go to the suburbs.
- Some suburbs are in a different county than the urban SEP, and the legal status of syringe exchange may be different
- Certain groups that may be at great risk of HCV transmission are unaware of HCV. For example, young transgender women often share needles when injecting hormones or silicone, yet may not even consider HCV transmission.

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Lessons learned

- Young IDU are increasingly emerging as the population at highest risk for HCV, and their service and preventive needs differ from their older counterparts
- The UFO Model offers essential information and TA to agencies who want guidance in working with young adults and HCV
- Agencies seeing young adult IDU need more training and support to conduct HCV prevention education and services
- Agencies and health departments need funding for rapid HCV test kits and RNA tests
- Ongoing evaluation of the UFO Model will help identify factors that will increase adaptability and usability of the model
- A significant next step will be to assess outcomes, including service access, HCV testing and HCV infection reduction in the growing yet underserved population of young adult IDU

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