



[◀ Back to Table of Contents](#)

[◀ Previous](#)

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Scottish report on hepatitis C and injecting practices has implications for policy and harm reduction strategies

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There is considerable evidence that needle/syringe exchange provision has helped to control HIV transmission among injecting drug users (IDUs) [1]. However, the indications are that current interventions may be reducing, but are not controlling, the spread of hepatitis C infection (HCV) [2]. It has been suggested that the sharing of other injecting paraphernalia may also be implicated in the spread of HCV infection [3,4] but there has been very little research that examines the precise ways in which injecting practices put IDUs at risk.

A recent study in Glasgow observed drug users as they injected in their own settings, at home and in outside locations [5]. The aim of the study was to examine the injecting practices of injecting drug users to a degree of detail not previously achieved in the United Kingdom (UK). The specific focus was practices that could potentially facilitate the transmission of HCV infection. Risk practices other than the direct sharing of needles and syringes were of special interest as these are not so well understood. Observations were recorded by video.

Thirty injectors were recruited to the study and were recorded injecting on 48 separate occasions. Within these 48 events, drugs were prepared for injecting a total of 65 times and a total of 100 injections were administered. Twenty two of the 48 recorded events and 47 of the 65 preparatory episodes involved two or more IDUs injecting together.

The results showed that harm reduction messages about borrowing used needles and syringes are understood and largely adhered to by IDUs. Just over half of the injection episodes involved the use of new, sterile needles/syringes and only one episode of direct sharing was observed during the study. However the indirect sharing of potentially infected needles/syringes and the sharing of other potentially infected injecting paraphernalia, was more common and potentially put IDUs at risk of HCV infection.

The storage of used needles and syringes for further use was common. Indirect sharing could arise when, for example, cohabiting IDUs or IDU injecting partners stored their used needle/syringes next to each and then had difficulty in distinguishing one from another.

The utilisation of a pre-used needle/syringe in the preparation or drawing up of drug solute for more than one injector was another way in which needles/syringes were shared indirectly. It was common to prepare drugs in one batch for all participants. In more than three quarters of the preparation episodes involving two or more IDUs one batch of drug solute was prepared to be divided among the group. On just under half of these occasions a pre-used needle/syringe drew the solution up first. Although the needle/syringe did not come into direct contact with another IDU in such circumstances, it potentially contaminated any or all of the other injecting paraphernalia (e.g. drug solution) [6].

The findings have important implications for public health policy and harm reduction strategies. Recommendations include increasing access times to needle and syringe exchanges, producing the fixed 1ml needle/syringe commonly used in the UK in different colours to allow IDUs to distinguish each other's equipment, and providing IDUs with more information about the ways in which injecting equipment can become contaminated in the injecting process. The full report is available at http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu_060.htm

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[back to top](#)

[◀ Back to Table of Contents](#)

[◀ Previous](#)

[↑ To top](#) | [▶ Recommend this page](#)

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