

Unsafe behaviours related to HIV and HCV among French drug users



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BACKGROUND

Among the high risk behaviours conducting to HIV and HCV transmission in intravenous drug users (IDU) populations, needle sharing practices have considerably decreased during the past few years, notably after the introduction of measures to increase access to sterile syringes.

Nevertheless, various studies have shown persisting unsafe practices in this population. In France, where 100 000 persons are estimated to be IDU, available studies have insufficiently considered all risk factors, such as psycho-social determinants of unsafe behaviours related to injection as well as sexual transmission risk.

HIV and HCV prevalences among intravenous drug users have always been estimated on self report.

According to the international literature, such estimations underestimate the prevalence, particularly for HCV.

METHODS

A cross-sectional survey (Coquelicot study) was carried-out among drug users having injected or sniffed drugs once in their life. The objectives were to identify risk-taking psycho-social determinants and to estimate HIV and HCV prevalence among drug-users. Drug users were recruited in Needle Exchange Programs, Drug Treatment Centres or General Practitioners.

This study was conducted in Marseille (France) in 2002. A self-administered questionnaire and blood sample were collected for behavioural and prevalence data and semi-directive interviews were conducted in selected number of IDU in order to provide qualitative data on risk behaviours. While answering a behavioural questionnaire, drug users were asked to self-collect a finger prick blood sample with a micro-blade on a blotting paper to compare self reported to biological based prevalences for HIV and HCV among IDU.

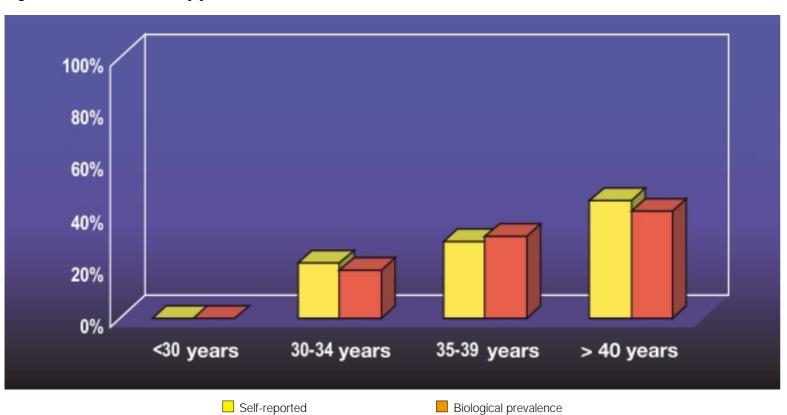
RESULTS

Participation rate was 71% (166 drug users) and the finger prick method was accepted by 83 %.

I. HIV and HCV prevalence

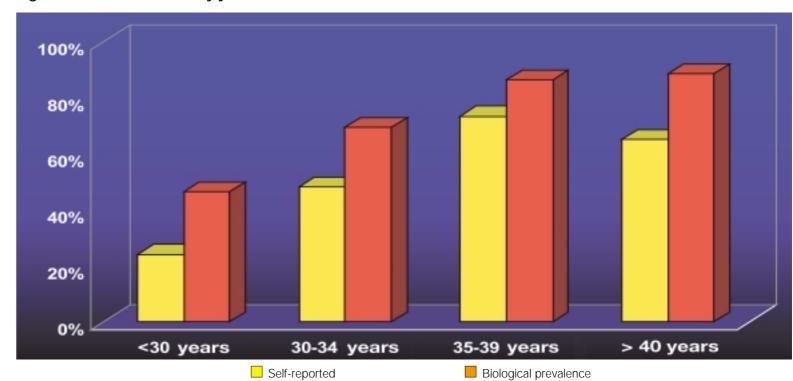
HIV prevalence was 22% both on self report and biological testing. There was no HIV infection among drug users < 30 years.

Figure 1: HIV Prevalence by year



HCV prevalence was 52% on self report versus 72% by testing. Among drug users < 30 years, HCV prevalence was 43% on biological basis versus 20% for self report, indicating a 30% false negative rate for self report.

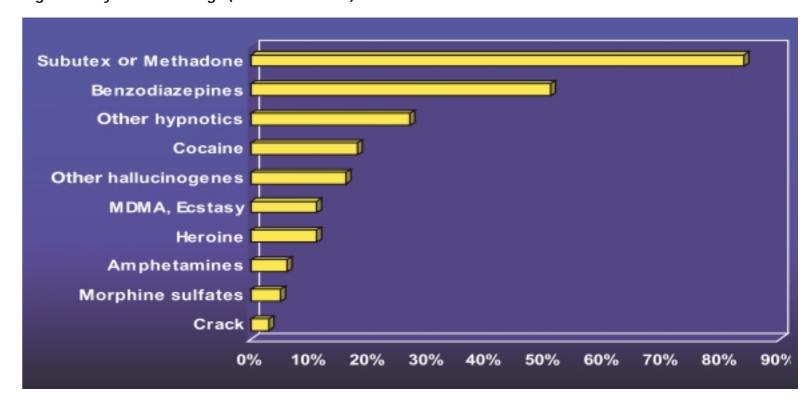
Figure 2: HCV Prevalence by year



II. Psychoactive drugs consumption

In the last month, 80% used a substitution treatment substance (buprenorphine high dosage or methadone), 50% other licit psychotropic drugs, and 25% at least one illicit drugs (heroin, cocaine or crack). 70% were multi-users (average use of 2.6 substances a month).

Figure 3: Psychoactive drugs (in the last month)



III. Unsafe behaviors

In the last month, 16% were current injectors whom a third shared their syringe and 23% a spoon, filter or water. Syringe sharing was two-fold more frequent among illicit drug users, hypnotic licit drugs users and drug users taking more than two substances a month. 14% were current sniffers, of whom 33% shared their "pipe".

Reusing a personal syringe or cottons was not perceived as a risk for HIV transmission by respectively 72% and 21% of the sample.

The socio-anthropologic analysis showed that main determinants of risk-taking were injection in a public place, injection with a sexual partner, collective preparation of the substance to be injected and psychological suffering.

CONCLUSIONS

In this survey, self report was reliable for HIV but not for HCV, stressing the need for regular testing for HCV among IDU. Our results also indicate that the French harm reduction policy had a positive impact on HIV transmission. As seen in other country, the impact, if any, was much lower for HVC.

Although French IDU have knowledges of HIV and HCV transmission modes, high-risk behaviours still persist. Based on our findings, preventive actions should underline specific risk situations.