

**EDUCATIONAL INTERVENTIONS TO  
PREVENT HEPATITIS C IN VULNERABLE  
ADULTS: A REVIEW OF THE  
LITERATURE AND EXPERT OPINION**

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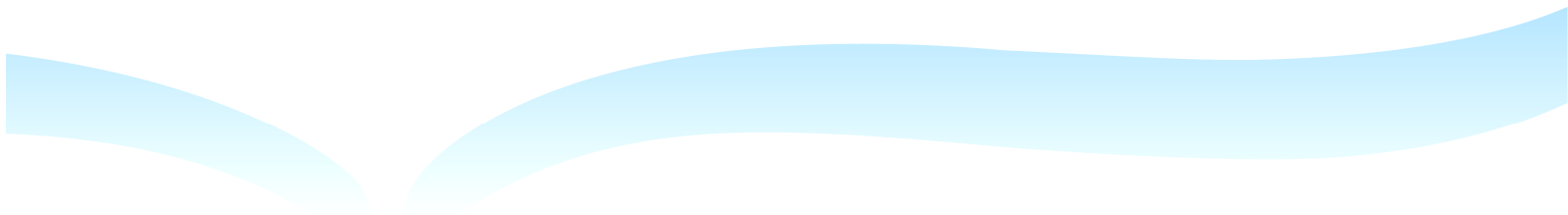
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## **Hepatitis C Action Plan for Scotland Phase II**

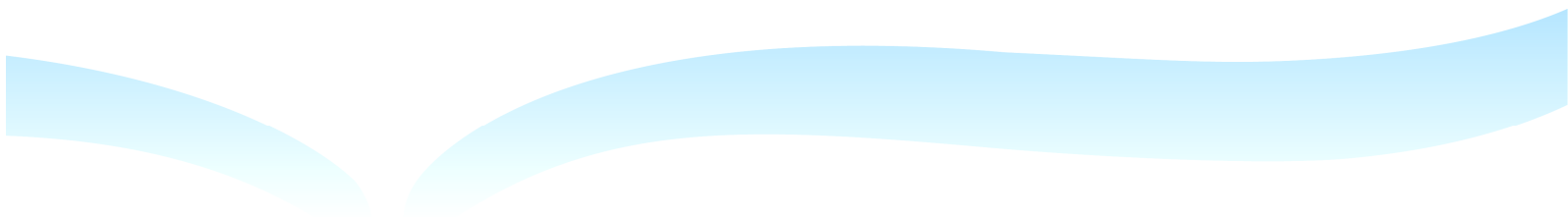
- Action 16 - Educational interventions aimed at vulnerable individuals, IDUs and those at risk of starting to inject will be designed and implemented to highlight how hepatitis C transmission can be prevented
- Lead organisation(s) – NHS Health Scotland/NHS Boards.
- Timescale – Interventions designed by March 2009 and implemented 2009 – 2011.






## **Action 16 – role of NHS Health Scotland**

- Review and highlight the evidence relating to the prevention of hepatitis C, making recommendations for future activity/developments in Scotland.
- NHS Health Scotland established a project advisory group and commissioned a review of the literature and expert opinion - Dawn Griesbach (Griesbach & Associates) and Avril Taylor (University of the West of Scotland) appointed after competitive tender process.

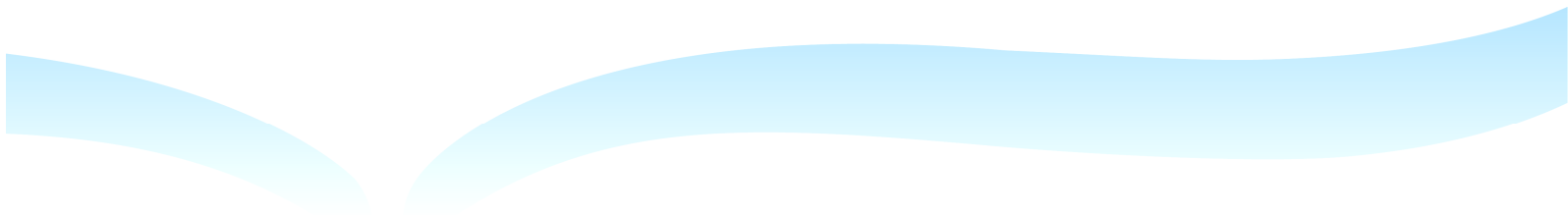


## Study aims and scope

- To identify effective educational interventions (from the published and 'grey literature'), which have been shown, or have the potential, to be applied to the prevention of hepatitis C transmission.
  - To define educational interventions which would be appropriate for NHS Boards to implement with those at risk of starting to inject, current injectors and those who have recently stopped injecting.
  - To identify themes from the literature review and review of expert opinion which can be used to inform the development of guidance for local NHS Boards.
  - Focus on *evaluated* interventions, those that described the intervention in detail and provided information on outcomes – 13 interventions identified.
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## What do we mean by “educational interventions”?

- Educational interventions involve the communication of information to a specific target audience for one or more of the following purposes:-
  - to raise awareness of an issue
  - to enhance or improve knowledge
  - to change behaviour.



## Key findings 1

- Peer interventions
  - Good and consistent evidence that peer interventions can be effective. Can be particularly effective in filling the potential 'information gap' between initiation into injecting and contact with injecting equipment provision services and treatment services.
  - IDU-recruiters offered nominal monetary rewards for recruiting peers **and** educating them in a body of prevention information.
  - Can access a larger number of people (50% more than more traditional outreach approaches).
  - IDUs self-reported level of risk behaviour reduced
  - IDUs willing to make significant effort for relatively small monetary rewards.

## Key findings 2

- Non-peer interventions - Brief behavioural intervention
  - 30 minute individually tailored behavioural intervention delivered in a single session which focused on risk assessment and reduction using a standardised risk assessment tool. Intended to be delivered by professionals working in a range of community settings.
  - Positive change in reported HCV risk practices.
  - High IDU satisfaction with the intervention.

## Key findings 3

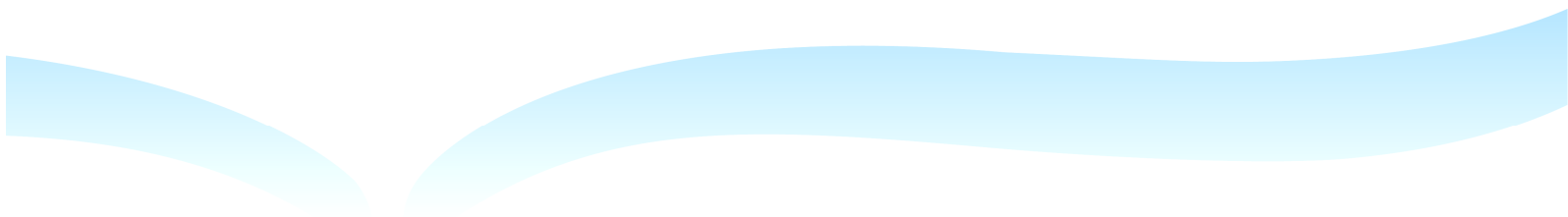
- Non-peer interventions – Intervention to prevent initiation into injecting (Break the Cycle)
  - Intervention aims to train drug workers or other professional to teach current IDUs not to initiate non-injectors into injecting.
  - Injecting in front of non-injectors halved.
  - Number of people initiated into injecting by those who had the intervention fell.

## Key findings 4

- Non-peer interventions - Prison-based intervention
  - Relationship-based strategy, prisoners attended 6 x one-hour sessions with a specialist addictions nurse.
  - Sessions focused on aspects of risk reduction/HCV prevention.
  - Teaching was aided by a manual partly created by prisoners.
  - Improvements in self-reported HCV knowledge and risk behaviour.

## Health warning

- Only a small number of evaluations identified which described the intervention and outcomes.
- Some suggestion that educational interventions are likely to be more effective as part of a package of measures.



## Next steps

- Final report signed off by NHS Health Scotland and circulated May 2009.
  - Creation of Scottish Government funded Hepatitis C Prevention post within NHS Health Scotland which will facilitate the sharing of information/good practice between health boards and support health boards in the development of their hepatitis c prevention activity.
  - Discussion with Scottish Government, hepatitis C Prevention Leads and hepatitis C Executive Leads regarding how NHS Health Scotland can best support health boards in the development of effective hepatitis C educational interventions.
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