

## **THE STAYING SAFE INTERVENTION: CONTEXTUALIZING KNOWLEDGE ON HCV TRANSMISSION, PREVENTION, AND RISK BEHAVIORS AMONG YPWID**

Almeñana R<sup>1</sup>, Guarino H<sup>1</sup>, Salvati C<sup>1</sup>, Goodbody E<sup>1</sup>, Mateu-Gelabert P<sup>1</sup>

<sup>1</sup>CUNY Graduate School of Public Health & Health Policy, New York, NY

**Background:** In the U.S., young people who inject drugs (YPWID) have driven sharp national increases in HCV infection, and their engagement in injection risk behaviors also makes them vulnerable to injection-site injury and physical complications, serious bacterial infections, and overdose.

**Methods:** Qualitative interviews were conducted with a purposive sub-sample (n=21) of enrolled participants in a randomized clinical trial (N=169) evaluating Staying Safe (Ssafe), a harm reduction intervention for YPWID, ages 18-29. Upon enrollment, all participants completed a structured baseline assessment and were assigned to one of two interventions: Staying Safe or the Control intervention, which was health/nutrition-focused. Interviews were conducted between 3 and 9 months post-intervention and lasted ~30-60 minutes. Interviewees discussed their HCV-transmission knowledge pre- and post-intervention and effects on their injection behavior.

**Results:** Among interviewees, the mean age was 24 years, with 9 females, 11 males, and 1 identifying as non-binary; 12 were Hispanic/Latino, 13 white, 5 multi-racial, and 2 some other race. Sixteen were assigned to Staying Safe and 5 to Control. Prior to intervention, a majority of participants reported basic knowledge of HCV transmission risk due to sharing needles/syringes. However, many were not aware that contaminated ancillary drug-injection equipment (e.g., cookers and cottons) is also a significant vector for HCV transmission. Ssafe participants also reported learning methods to prevent injection-related complications during the trial, and ways to enhance the safety of their own drug injection practices and those with whom they regularly inject, including sharing safety information with injecting network members (e.g., using safe injection mats and managing withdrawals).

**Conclusion:** YPWID demonstrate an interest in expanding their HCV and drug injection safety knowledge. Harm reduction education can be improved by specifically addressing gaps in knowledge and by contextualizing risk-reduction information within common situations in which YPWID inject drugs, such as in small networks of fellow YPWID.

**Disclosure of Interest Statement:** This study is funded by the National Institutes of Health (NIH), Grant No. R01DA041501. There are no conflicts of interest declared.