

Health Status and Service Use Among Young Injection Drug Users

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Presentation Objectives

- Identify health problems reported by homeless young IDUs (N=64)
- Describe types of health services utilized by young IDUs in the previous 12 months
- Explore barriers to the introduction of preventive healthcare to an otherwise “hidden population”

Study Background

- **Ketamine** - surgical anesthetic with dissociative and hallucinogenic properties developed in the U.S. in 1962
- Recreational use began in 1980s/1990s among club-going youth in the U.S. and U.K
- Epidemiological surveillance reports indicated ketamine was being injected by young IDUs in late 1990s
- No descriptive data existed on risks, such as overdose, dependence, HCV/HIV, or the population of users
- In 2003, research began on young ketamine injectors in three cities – New York, New Orleans, Los Angeles

Methodology: Cross-Sectional Study (Los Angeles)

- Enrollment criteria:
 - 1) 16-28 years old
 - 2) Injected ketamine within past 2 years
- Ethnographers targeted neighborhoods populated with young people and/or known for drug selling:
Hollywood, Santa Monica and Venice Beach
- Semi-structured in-depth interview administered on laptops and digitally recorded focusing on drug injection events, drug use histories, risk behaviors, and demographics
- 101 IDUs recruited during cross-sectional phase (2005-06) eligible for enrollment into the longitudinal study

Methodology: Longitudinal Study

- Enrolled subjects consented to five follow-up interviews occurring every three to four months
- Locator information collected included telephone numbers and email addresses
- Ethnographers provided toll-free numbers connected to their cell phones
- Some follow-up interviews conducted over the telephone, and respondent paid (\$25, \$30, etc.) via Western Union
- Follow-up interview focuses included recent drug use, high-risk events, access to health care, and health status
- Of 101 eligible respondents, 64 completed questions pertaining to health

Demographics (N=64)

Gender

Male	60.9%
Female	39.1%

Race/Ethnicity

White	79.7%
Latino	6.3%
African American	1.6%
Asian American	1.6%
Multiracial	10.9%

Median Age

21

Demographics (N=64)

Sexual Identity

Heterosexual	75.0%
Bisexual	20.3%
Gay/Lesbian	3.1%
Other/Undecided	3.1%

Years of Education

Completed HS/GED	60.9%
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Criminal Justice

Arrested (ever)	98.4%
Jail (ever)	89.1%
Prison (ever)	9.4%

Drug Treatment (ever) 56.3%

Mental Health Care (ever) 71.9%

Demographics (N=64)

Testing

HIV (ever)	90.6%
HCV (ever)	85.9%

Testing Results

HIV (self-report)	0.0%
HCV (self-report)	26.6%

Homeless

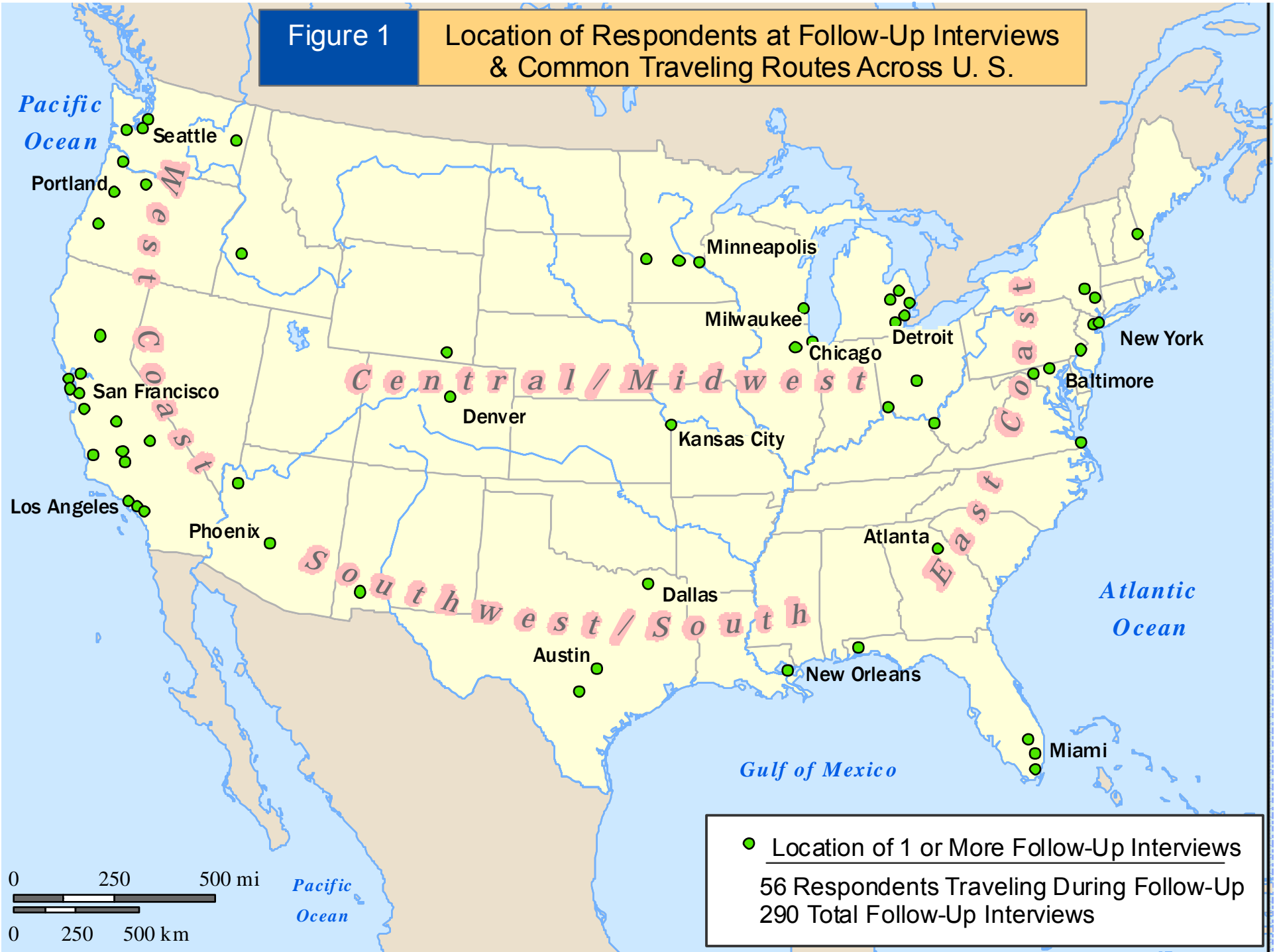
Ever	100.0%
At Interview	95.3%
“Traveler”	70.3%

Who are Traveler Youth?

- 70.3% of population identified themselves as “travelers,” or persons who frequently moved from city to city
- Transportation modes and patterns highly heterogeneous
 - Modes of transportation included freight trains, hitch-hiking, friend’s car, buses, and bicycles
 - Travel patterns influenced by seasonal variations, music festivals, drug availability, work opportunities, or avoiding law enforcement
- Infrequent and/or ineffective health care utilization
 - Age, lack of knowledge, fear of criminal justice system, transient lifestyle make preventative health care interventions difficult
 - Infrequent use of shelters, syringe exchanges

Figure 1

Location of Respondents at Follow-Up Interviews & Common Traveling Routes Across U. S.



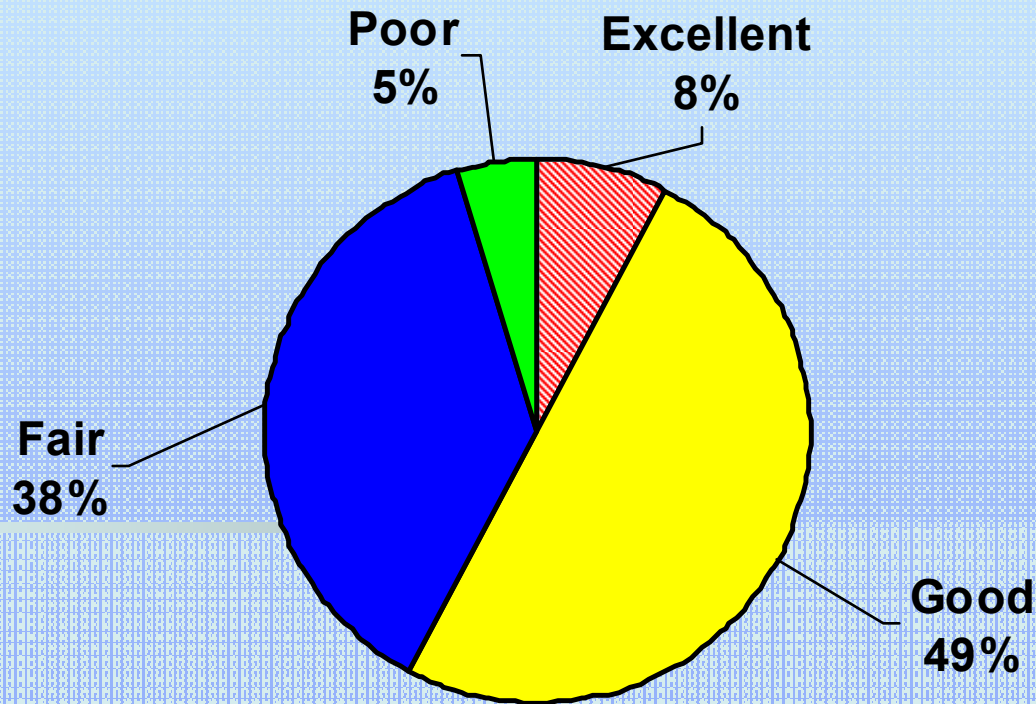
Injection Drug History (N=64)

Prefers Injection	64.1%
Drugs Ever Injected	
Ketamine	100.0%
Heroin	82.8%
Methamphetamine	75.0%
Powder Cocaine	73.4%
Speedball	64.1%
Crack Cocaine	43.8%
Ecstasy/MDMA	20.3%
LSD	17.2%
PCP	3.1%
Mushrooms	1.6%

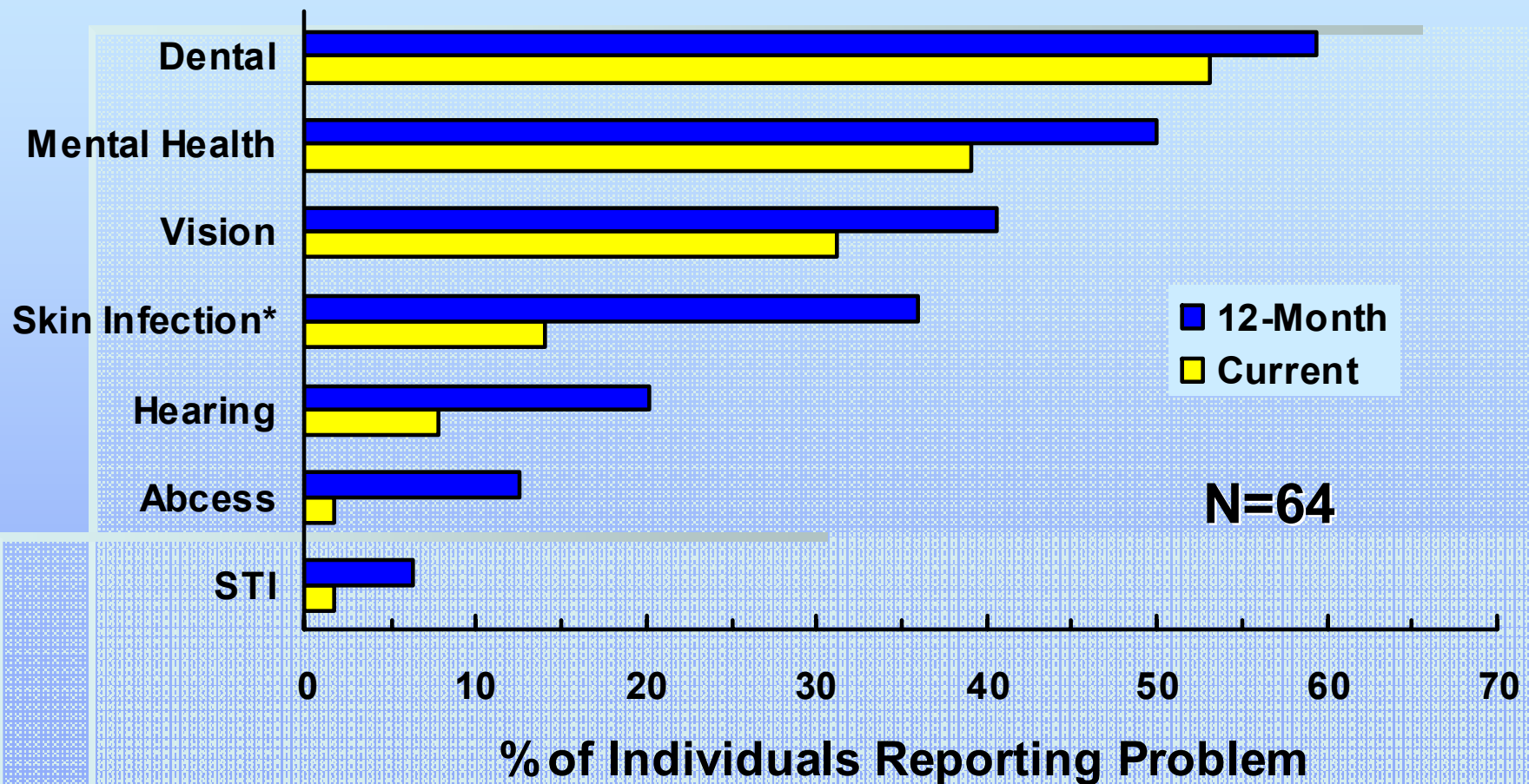
Past 30 Day Drug Use (N=64)

Alcohol	82.8%
Marijuana	78.2%
Heroin	56.2%
Methamphetamine	54.7%
Crack Cocaine	46.8%
Powder Cocaine	45.4%
Ketamine	62.5%
Speedball	21.9%
Inhalants	17.2%
Mushrooms	11.0%
Ecstasy/MDMA	6.3%
LSD	6.3%
GHB	3.1%
Other Drugs	1.6%

Most self-report health as “good” or better (N=64)

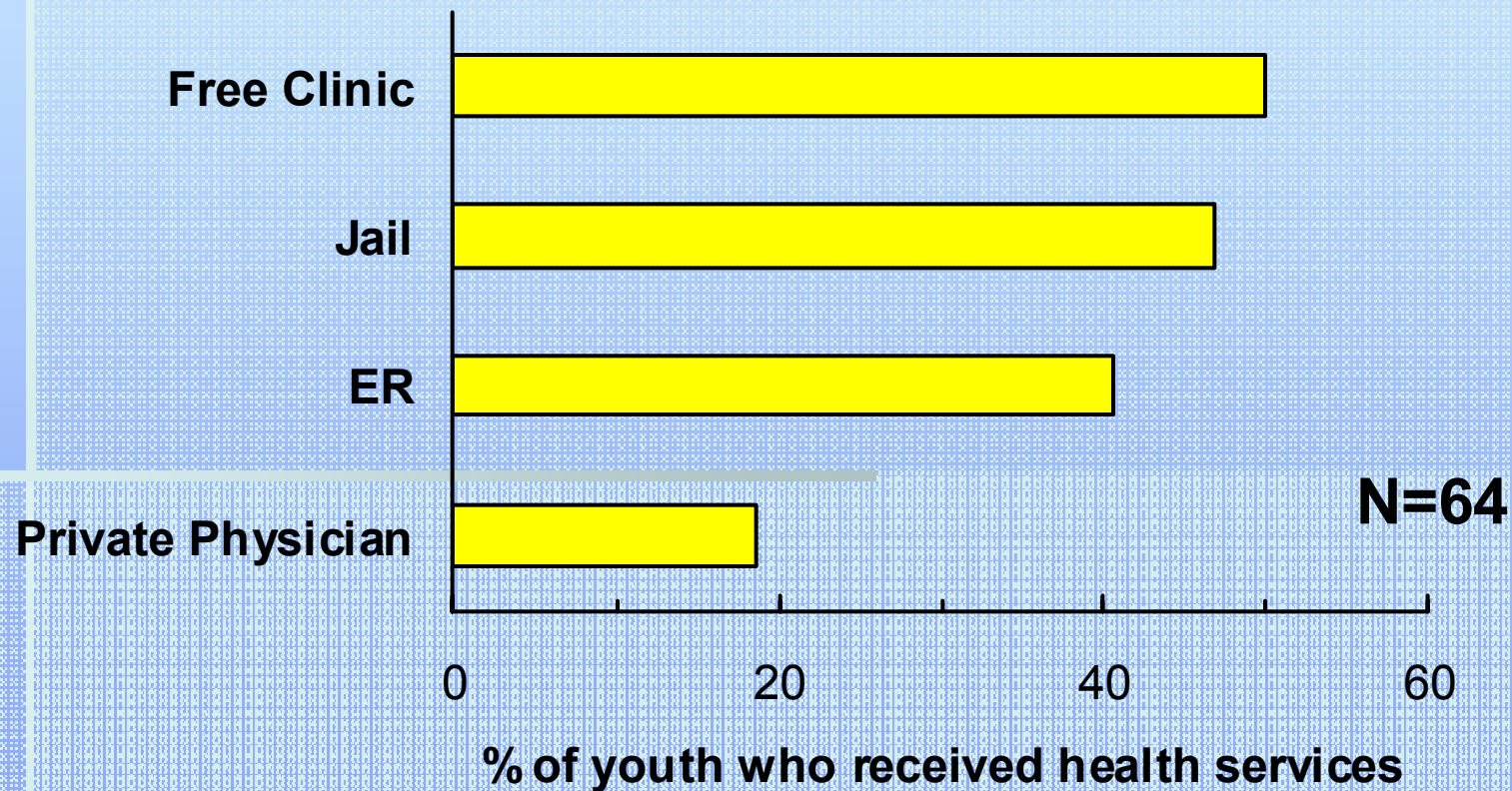


However, most report recent health problems



*Non-injection related infections including MRSA, and parasitic infestation

Limited contact with health services was reported

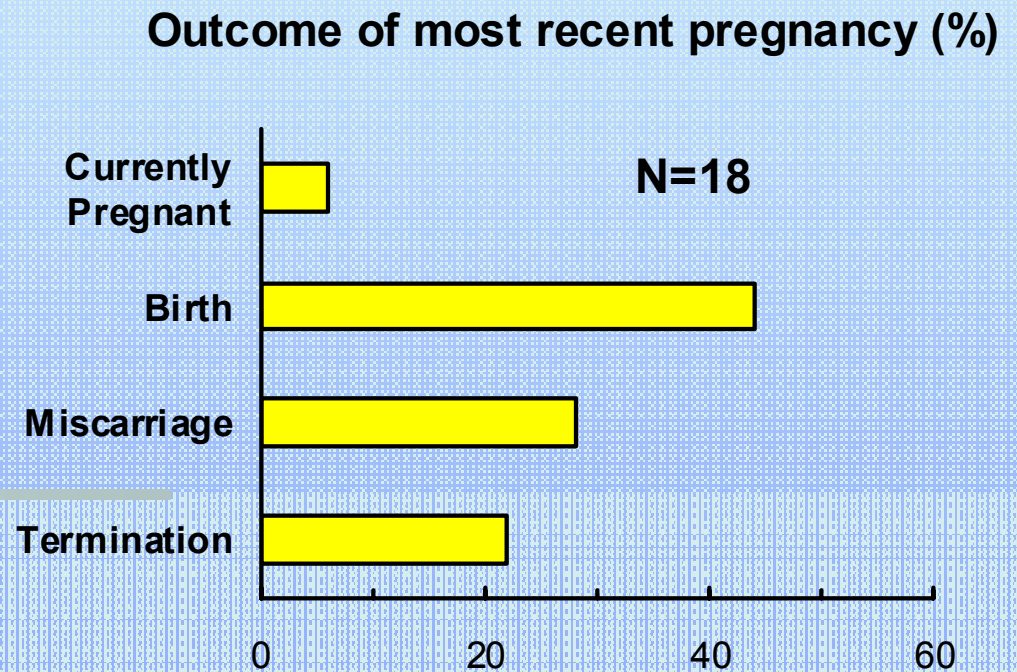


Overdose and risky injection practices

- **63% reported at least 1 lifetime overdose**
 - 30% reported over 3 lifetime overdoses
 - 22% reported an overdose in last 12 months
 - 86% knew ≥ 1 person who died from OD
- **68% shared ≥ 1 syringe in last 12 months**
 - Average number of sharing events was 13 events in the past 12 months
 - 84% of those who shared did so with a monogamous sex partner

Sexual health and pregnancy among women

- 67% women reported a history of pregnancy (N=27)
- Almost one-half of most recent pregnancies resulted in births
- 72% reported receiving prenatal care at some point during most recent pregnancy



Barriers to Care: Selected Quotes

“When I got shot in the leg I didn’t want to go to the hospital...I went like a week later...they said it was fine, so I left because I had warrants and they called the cops. Then when I went to New York it got really infected and I had to go see a clinic...then I had Keflex until I went to jail and they cut me off, but it healed up anyway.”

-22 year old man

“I was still covered by my mother’s HMO, so I could go to the hospital for free. Otherwise, I would not have gone...now if I have to go to the ER, I just lie to them – give them a fake name and address if I need medical attention I can’t afford.”

-24 year old woman

Consequence of Minimal Preventive Care: Selected Quotes

- “[Staph] is in the dirt out here...I got the abscess infected, so it kinda spread. But, it’s gone away because I went to my mom’s house and kept myself clean and stuff.”

- 20 year old woman

- “I went to the dentist like 4 years ago, and they told me I had 22 cavities, and they only had time to fill one...so, I probably have like 80 now.”

- 24 year old woman

Conclusions

- Young homeless IDUs experience a range of long-term and acute health problems associated with high-risk lifestyle
- Contact with healthcare providers is largely limited to free or emergency services
- More serious health concerns, such as drug overdose or pregnancy, may require specific interventions
- High mobility of population makes treatment of chronic health problems difficult, particularly mental health and HCV

Future Research Questions

- Which health problems are related to youths' high-risk lifestyle and might be avoided with preventive health measures?
- Are there lasting physical and psychological effects of a high-risk lifestyle that will impact these individuals later in life?

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