HCV prevalence, risk exposure, and access to care among Russian-speaking drug users: results from the ANRS-Coquelicot study

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Context (1)

- HIV and HCV epidemics are affecting East-European countries, especially **Russia and former Soviet states** (*Nelson Lancet 2011 ; Acejas IJDP 2007*). One of the major vectors is injecting drug use.

- **In the 90s, drug use and injection practices spread** following the fall of the USSR and the consequent political rupture and uncertainty, as well as easier access to substances and a general atmosphere of increased freedoms (*Rhodes, SSM 2012*).

- Since the mid-2000s, France has faced a substantial influx of drug users migrating from East-European countries, particularly from Georgia, Ukraine, Russia, and Chechnya -- depending on the time period.

- The research literature highlights three main reasons for leaving one's country of origin and migrating west: 1. **Repressive policies** against drug use. 2. **Socio-economic reasons**: search for better employment; family breakups. 3. **Difficult access to treatment** in country of origin (*Bouscaillou IJDP 2014*).

Context (2)

- In some harm reduction centers of Paris and the region of Ile de France, around one third of currently treated drug users are Russian-speaking.

- For these users, **cultural and linguistic barriers** often make access to care difficult. They also face **prejudice** concerning their usage practices and their relationship to care.

- Russian-speaking users are sometimes represented by actors in healthcare as **resisting harm reduction measures** and unwilling to engage in preventive behavior.

- Russian-speaking migrants are also the source of **fears of imported infectious diseases** (media coverage of a multiresistant TB strain).

- The Russian-speaking population suffers from **prejudice** and **skepticism,** which may impede their access to care.

The ANRS-Coquelicot study: methods

- **Seroprevalence study**

  Conducted between 2011-2013 among French- and Russian-speaking drug users.

  Selection criteria: must have injected or sniffed drugs at least once.

  A multi-site randomized sample was recruited in almost all branches (high-and low-threshold) of the specialized care system in Paris.

- We used a Time location sampling design combined with a Generalized Weight Sharing Method *(Leon et al. Biostatistics 2015).*

  Self-collection of blood on blotting paper

  70 structures sampled in Paris and Seine-Saint-Denis

- **Collection of epidemiological and biological data**

  Study participation: 75% (French-speaking) et 98% (Russian-speaking).

  689 questionnaires in Paris and Seine-Saint Denis, among which 150 answered by Russian-speaking patients.

- Interviews and ethnographic observations: 30 interviews were conducted among Russian speakers (professionals and users) (2013-2015)

Results: Migration trajectories

- The majority of drug users living in Paris are from Georgia (57%), Russia (16%), Chechnya (10%), and Lithuania (8%). Other represented countries include Ukraine, Kazakhstan, Armenia, Leetonia, and others in minor numbers.
- Median time spent in France: 3,2 ans.
- Median time since departure from country of origin: 5,3 ans.
- 41% speak no French, and only half of them have access to help from a friend or relative to conduct their daily transactions in French.
- Motives for migration: **political motives** (repressive drug policy, political opponents) and **access to care** (access to opioid substitution treatment and to HCV treatment). There is a large diversity of motives depending on the country of origin.

Social Profiles – Comparison between Russian and French Speaking drug users

	Russian-speaking N=159	French-speaking N=689	P (Chi2)
Gender			<0,01
Men	97,2	81,4	
Women	2,8	18,6	
Average age	36,7 years	39 years	0,0002
Education Level			0,08
High	43,0	27,6	
Median	52,7	65,5	
Low	4,3	6,8	
Housing			<0,01
Stable	10,1	50,7	
Precarious	61,4	27,6	
Very precarious	28,5	21,7	

Products (in the last month) – Comparison between Russian and French Speaking drug users

	Russian-Speaking (N=150)	French-Speaking (N=689)	P (Chi2)
Cocaine	45,7	26,8	0,002
Heroin	38,6	16,4	<0,01
Morphine Sulfates	30,9	19,2	0,17
Crack cocaine	18,2	41,8	0,0001
Prescribed drugs	11,5	28,9	0,003

Injecting practices and HCV risk exposure– Comparison between Russian and French Speaking drug users (2)

	Russian-speaking N=150	French-speaking N=689	P (Chi2)
Injection (once in life)	95,5	62,1	<0,01
Syringe sharing (once in life)	62,3	64,4	0,77
Paraphernalia sharing (once in life)	81,2	79,4	0,72
Syringe or paraphernalia sharing (once in life)	82,3	82,3	0,99

Injecting practices and HCV risk exposure– Comparison between Russian and French Speaking drug users (2)

	Russian-Speaking N=150	French-speaking N=689	P (Chi2)
Injection (in the last month)	75,0	24,2	<0,01
Syringe sharing (in the last month)	11,0	26,00	<0,01
Paraphernalia sharing (in the last month)	46	46	0,72

HCV screening, seroprevalence, care and treatment Comparison between Russian and French Speaking drug users

	Russian Speaking N=150	French Speaking N=689	P (Chi2)
HCV screening (life)	88,9	91,5	0,51
HCV seroprevalence (HCV antibody +)	88,5	44,3	<0,01
Access to HCV care	58,2	78	0,05
HCV treatement	17,9	5,2	0,007

The lens of social status

- Loss of social status can lead to a **loss of identity** among Russian-speaking drug users. This can trigger feelings of psychological distress and ultimately lead to the adoption or continuation of addictive behavior.

- Inability to speak French and pending legal status make social insertion difficult.

- Because they do not have **legal rights** and are unable to speak the language, Russian-speaking immigrants are often unable to acquire salaried employment. This excludes them from non-drug-related social networks. It also encourages them to enter into mafioso narcotic trade networks, which they managed to avoid before arriving in France.

The lens of access to care

- The **weight of social, economic, and political norms** keeps drug users away from healthcare and harm reduction structures in their country of origin.
- Russian-Speaking drug users harbor **distrust against the healthcare system** of their own country, which influences their relationship with healthcare structures in France.

- There is also a **gender-based inequality of access to care**: Russian-speaking women migrants are reluctant to attend harm reduction structures because drug use among women is especially stigmatized – because it is so far from values associated with femininity and contradicts the role they have to play in their family structure. (*Otiashvili IJDP 2013*) .

Conclusion

- **Statistical evidence contradicts common prejudice against Russian-speaking drug users in France**:

- Downward mobility (loss of original social status),
- Integration of harm reduction resources (low rate of syringe sharing),
- Difficulties in access to care, but access to HCV treatment (high degree of motivation because one of major reasons for coming to France).

- We need to take into account these specificities in order to improve drug-using migrants' access to care in France:

- Taking into account the "**risk environment**" (*Rhodes SSM 2006*) :
- Structural factors (drug use policy in country of origin),
- Weight of social and family norms,
- Relationship with healthcare structures (lack of trust in institutions).