

TOPIC GUIDE POLICYMAKERS/GOVT (Phase 3)

Feasibility of psychosocial interventions for preventing blood borne virus infection in people who inject drugs

As we previously discussed, we are doing this research to inform the development of an evidence based psychosocial intervention to reduce blood borne viruses and increase blood borne virus transmission knowledge among people who inject drugs in the UK. By psychosocial intervention we mean any intervention that emphasizes psychological or social factors rather than biological¹. We wish to speak to you about your views on the current priorities for reducing BBVs among PWID and delivery and effectiveness of psychosocial interventions to reduce blood borne viruses among people who inject drugs, as well as your views on any barriers or facilitators you can identify around their delivery.

1. **Can I ask what your job title is?**
2. **Could you describe what your job/role entails, and particularly in relation to BBVs?**
1. **In your opinion what are the key priorities for reducing BBVs among PWID in [country]?**
 - a. What might be the issues, if any, in delivering on these priorities?
2. **Do you think there is a need to develop psychosocial interventions to reduce the spread of blood borne viruses among people who inject drugs?**
 - a. Why/why not?
 - b. (IF YES) How important is their development in relation to the priorities you've mentioned?
3. **How do you think a psychosocial intervention to reduce BBV risk behaviour would complement existing service requirements?**
4. **If a psychosocial intervention SPECIFICALLY AIMED AT REDUCING BBVs for PWID was developed what do you think would be the criteria (e.g. evidence-based, funding, trained workforce, quality assessment etc.) needed to ensure its EFFECTIVE delivery:**
 - c. NATIONALLY
 - d. LOCALLY?
5. **Are you aware of any current barriers (e.g. funding) /facilitators (e.g. joint strategic needs assessment) to delivering psychosocial interventions to people who inject drugs?**
 - e. Nationally
 - f. Locally?
6. **Are psychosocial interventions a priority in your joint strategic needs assessment?**
 - g. (WHY/WHY NOT?)
9. **Are there any key performance indicators around BBV?**

As I said previously, the overall aim of the research is develop and test the feasibility of delivering a psychosocial intervention to reduce blood borne virus risk behaviours among people who inject drugs. The feasibility study will be conducted in London, Yorkshire, Glasgow and Wales. However, if the intervention is feasible we would apply for funding to conduct the study on a larger scale – throughout the UK

- 10. Can you envisage any issues with rolling out psychosocial interventions across all drug treatment settings locally or nationally? How could these be addressed?**
- 11. How should we measure if the intervention was effective?**

TOPIC GUIDE STAFF (Phase 3)

Feasibility of psychosocial interventions for preventing blood borne virus infection in people who inject drugs

As we previously discussed, we are doing this research to inform the development of an evidence based psychosocial intervention to reduce blood borne viruses and increase knowledge of blood borne virus transmission among people who inject drugs in the UK. By psychosocial intervention we mean any intervention that emphasizes psychological or social factors rather than biological¹. We wish to speak to you about your views on the current delivery and effectiveness of psychosocial interventions to reduce blood borne viruses among people who inject drugs, get your views on how you think such interventions should be delivered and any barriers or facilitators you can identify around their delivery.

- 3. Can I ask what your job title is?**
- 4. Could you describe what your job/role entails, and particularly in relation to BBVs?**
- 3. Are you aware of,**
 - a. Any psychosocial interventions to reduce BBV that are delivered to people who inject drugs within (NAMED COUNTRY)? (duration, content, mode of delivery, group based or individual based interventions, area delivered etc)
 - b. To whom? (probe whether general IDU population or targeted groups e.g. prisoners/gender specific etc).
 - c. By whom? Generalist or specialist delivered? Specify (If the intervention consists of different components, probe if these different intervention components are delivered by the same or different teams).
 - d. In your opinion/or from evidence – are these effective? Why/why not?
 - e. Can you talk us through what helps or hinders the delivery of the interventions
 - f. Were/Are these interventions part of a research study or are they an ongoing intervention? (If ongoing are they being evaluated?)
 - g. If you do not have all the details of these interventions could you signpost us to someone who may be able to provide more information?

4. **Do you think there is a need to develop psychosocial interventions to reduce the spread of blood borne viruses among people who inject drugs?**
 - h. Why/why not?

5. **How do you think a psychosocial intervention to reduce BBV risk behaviour would complement existing service requirements?**

6. **What would they look like?**
 - i. Content, duration (e.g., mode of delivery, group based or individual based interventions, how many sessions over what period of time and length of sessions).
 - j. What behavioral, psychological or social factors should the interventions aim to promote or change for people who inject drugs in relation to blood borne viruses? Why?
 - k. Who should deliver? generalist or specialist (e.g. staff, peers etc) delivered (When the intervention consists of different components, probe if these different intervention components should be delivered by the same or different teams).
 - l. To whom should they be delivered (should they be targeted to specific groups of people who inject drugs) and should there be different interventions for different groups of people who inject drugs. If so why?
 - m. Should they be delivered at a particular stage in the trajectory of an individual's drug use (e.g. whilst on opiate substitution treatment? whilst engaged in a pattern of chaotic behavior etc?)
 - n. Where should they be delivered – in drug treatment services, needle exchanges etc
 - o. Do you have any views on payments or incentives to encourage engagement in interventions?

7. **What are the current barriers (e.g. funding) /facilitators (e.g. joint strategic needs assessment) to delivering psychosocial interventions to people who inject drugs?**
 - p. In your locality (if appropriate)
 - q. Nationally

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8. **Can you envisage any issues with rolling out psychosocial interventions across all drug treatment settings locally or nationally? How could these be addressed?**

9. **How should we measure if the intervention was effective?**