

Motivational Interviewing for Community-Based Harm Reduction and Drug Checking Empowerment: Protocol for the “MI-CHANCE” Hybrid Trial

Katie Bailey¹, Angela R. Bazzi¹, Steffanie A. Strathdee¹, Tara Stamos-Buesig², Jordan Parnes², Morgan Godvin², Thomas L. Patterson¹, Peter J. Davidson¹, Annick Borquez¹

1. University of California San Diego

2. Harm Reduction Coalition of San Diego

Background: The unpredictable and toxic unregulated drug supply is a structural determinant of overdose and other health risks for people who use drugs. Drug checking services (DCS) provide chemical analysis of drug samples to determine drug contents, helping individuals make more informed drug use decisions.

The Harm Reduction Coalition of San Diego (HRCSD) is a syringe services program (SSP), that offers a DCS program (“CheckSD”) that incorporates Fourier Transform Infrared (FTIR) spectroscopy and immunoassay strips (e.g., fentanyl test strips).

Intervention: HRCSD and the research team partnered to develop an adjunctive intervention to promote the uptake of CheckSD and encourage safer drug use behaviors. *Adjunctive interventions* are designed to increase motivation, self-efficacy, or capacity to initiate or adhere to a health intervention (e.g., DCS).

MI-CHANCE is a brief, one-time motivational interviewing session led by HRCSD peers and offered prior to a participant’s first CheckSD encounter. Peers were trained in motivational interviewing and the MI-CHANCE intervention to offer non-judgmental guidance supporting participants in developing plans to address multi-level barriers to utilizing DCS and adopt safer drug use behaviors.

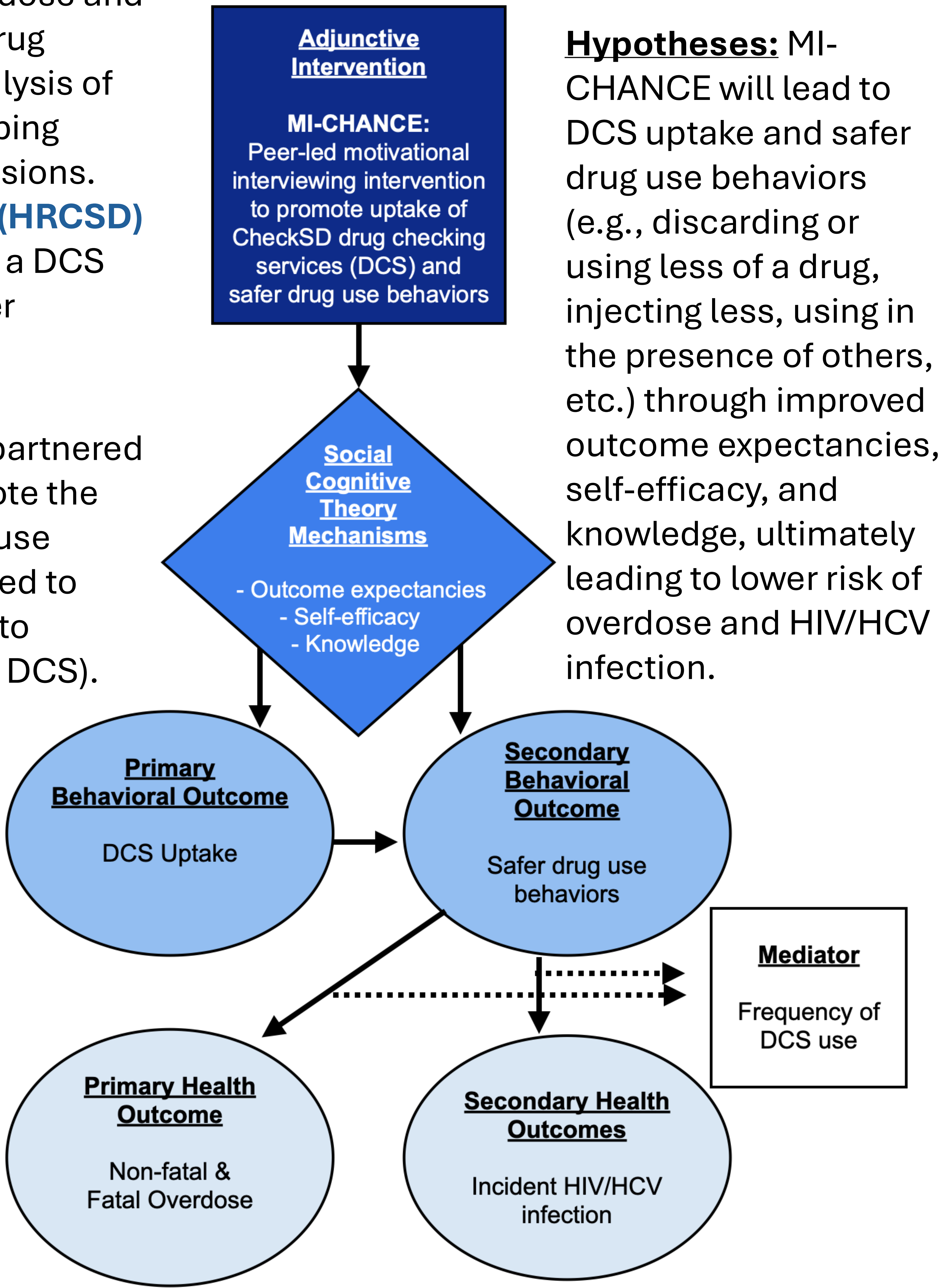
Methods: We will recruit 588 participants 18 years or older who speak English or Spanish and used opioids and/or stimulants within the past week. Following informed consent, peers will provide participants with either MI-CHANCE or standard-of-care with a time-matched attention control (i.e., informational session on overdose prevention, COVID-19 testing and vaccination, and Hepatitis A prevention). We will conduct in-person, interviewer-assisted bi-annual follow-up surveys over 30 months to collect outcomes and hypothesized mediators.

We will also assess MI-CHANCE implementation. Guided by the RE-AIM/PRISM¹ implementation science framework, we will conduct an inward-looking implementation assessment via interviews with HRCSD staff and participants to determine MI-CHANCE acceptability and feasibility. We will explore scalability in an outward-looking assessment via interviews with SSPs across the U.S.

Implications: If successful, MI-CHANCE could be adopted by SSPs across the U.S. to increase the impact of DCS on reducing drug use-related harms by leveraging implementation science findings.

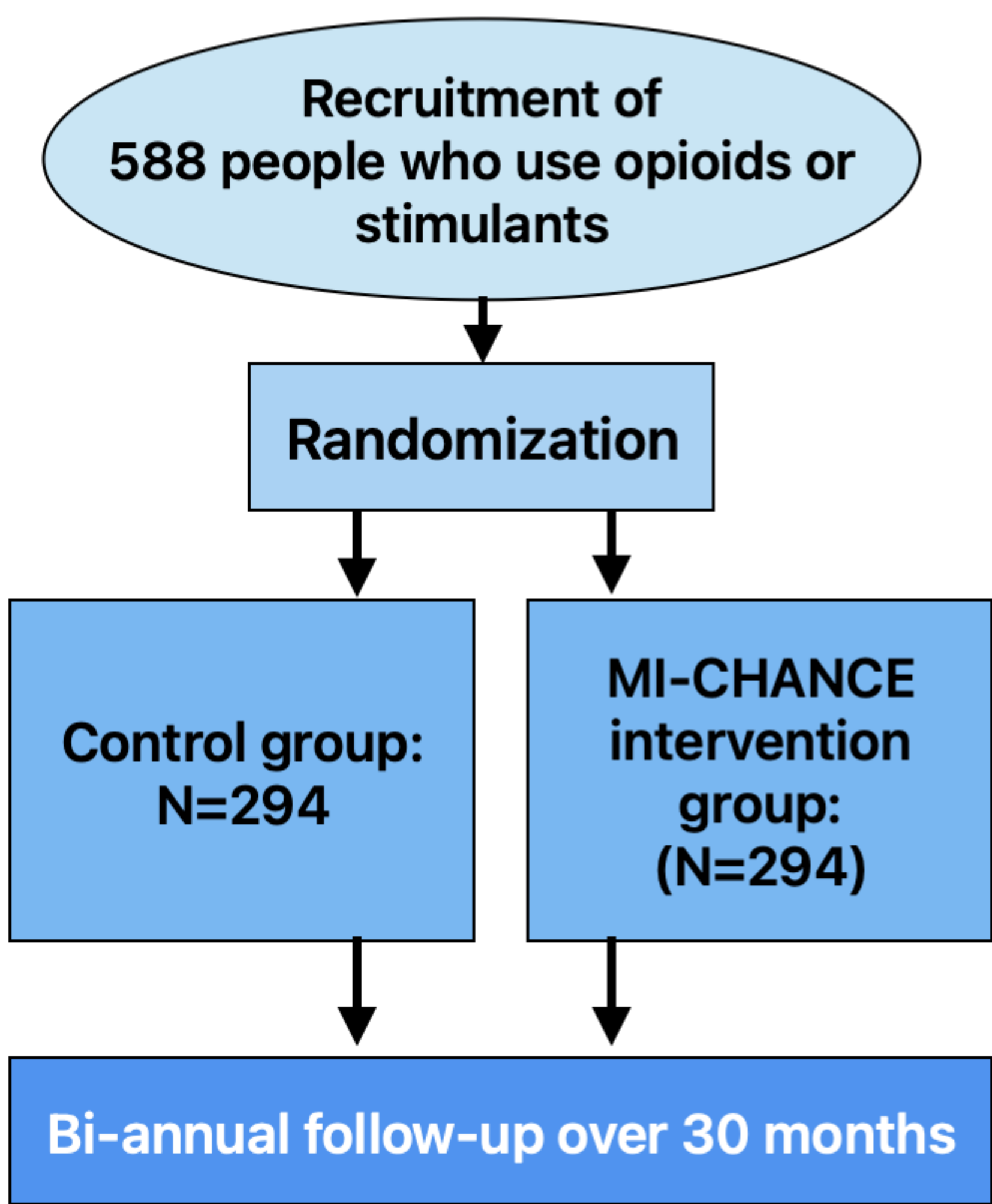
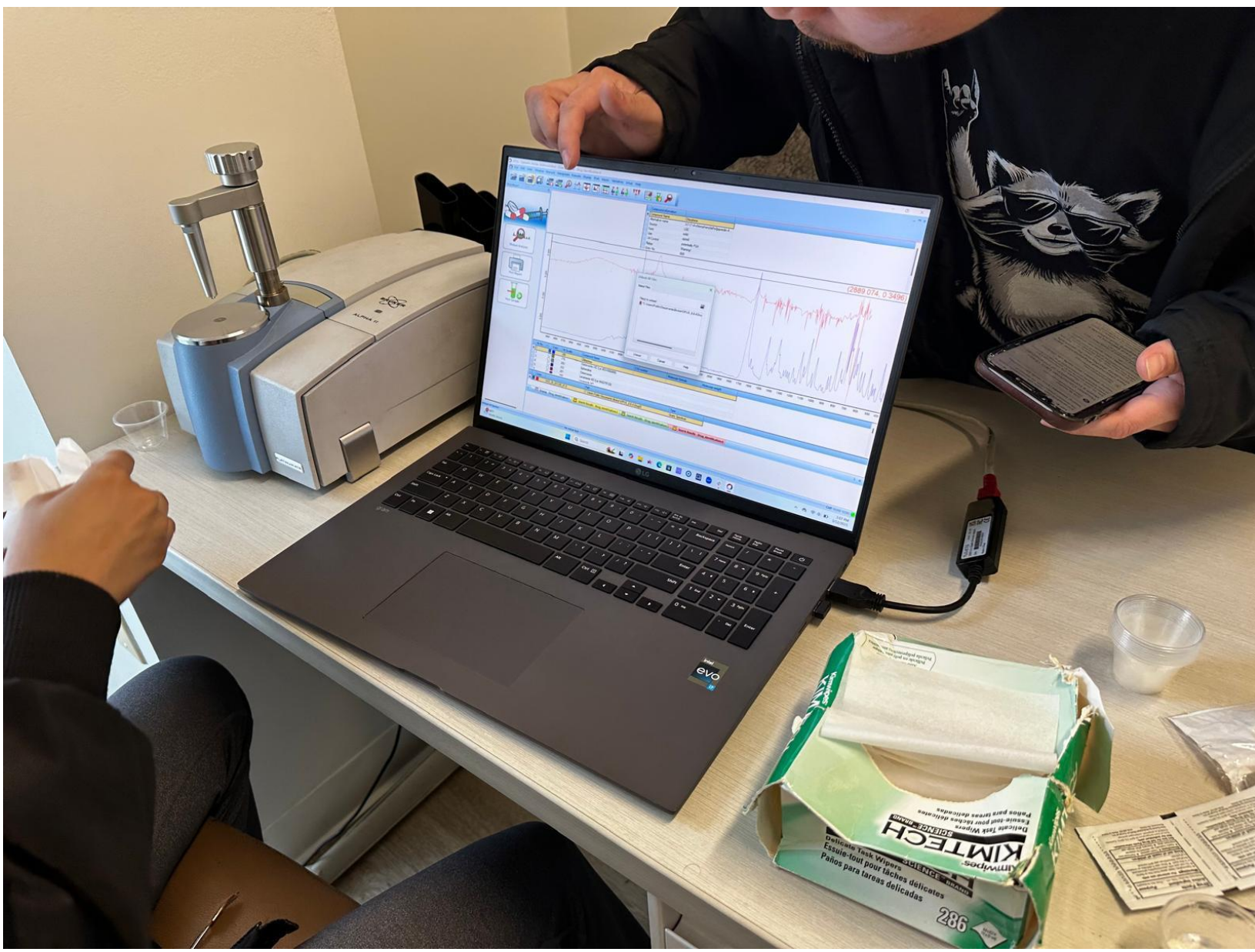
1. Reach, Effectiveness, Adoption, Implementation Framework/ Practical, Robust Implementation and Sustainability Model

Figure 1. Mi-CHANCE Logic Model



Hypotheses: MI-CHANCE will lead to DCS uptake and safer drug use behaviors (e.g., discarding or using less of a drug, injecting less, using in the presence of others, etc.) through improved outcome expectancies, self-efficacy, and knowledge, ultimately leading to lower risk of overdose and HIV/HCV infection.

Figure 2. Mi-CHANCE Trial Procedures



Acknowledgements: This work is supported by the National Institute on Drug Abuse (NIDA) (R33DA061260 & T32DA023356). We thank the UCSD research staff and HRCSD harm reduction staff who are crucial in conducting this work.