Reducing infection risk behaviour to near zero is vital to curb hepatitis C epidemics among injectors, but some risk behaviour has continued despite needle exchange provision. How to bridge this gap has been largely unexplored. Australian researchers reasoned that focusing on the behaviours applicable to that particular individual might influence them more than standard risk-reduction materials. To test this 145 injectors were recruited to a study through notices at exchanges and health centres. 1 Their initial risk status was assessed using the 34-item BBV-TRAQ questionnaire 2 then they were given three hepatitis C/safer injecting booklets and pointed to the relevant sections.

sections. For a randomly selected half, additionally their BBV-TRAQ profile was used to deliver individualised risk-reduction advice. All the sessions were conducted by the same clinical researcher.

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Re-assessed a month later, both groups had improved their risk profiles substantially with no extra benefit from individualised advice. Previously the researchers had noticed that working through the questionnaire was a thought-provoking and potentially powerful intervention in its own right. This plus high quality, credible written information (two of the booklets were from Australian injectors themselves) and time to talk to a clinical expert seemed to generate whatever changes were going to occur. However, the further individualisation should not be dismissed. It was appreciated by the injectors, may have affected specific high-risk or protective practices, and might in a less selected sample have led to more general risk reduction; all the study's subjects had elected to respond to the notices, bothered to attend, and virtually all had been concerned enough to get tested in the past.

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