Changes in Service Access among People Who Inject Drugs in Philadelphia, 2018-2022

Authors: Tanner Nassau, PhD; David Tomlinson; Kathleen A. Brady, MD

- COVID-19 disrupted HIV-related services, especially community-based services
- Structurally vulnerable individuals, such as people who inject drugs (PWID), rely on non-clinical HIV prevention services
- Access to HIV services are critical for the **EHE Respond pillar** and addressing an ongoing HIV outbreak among PWID identified in 2018 in Philadelphia
- **Were PWID in 2022 accessing services at the same rate as in 2018?**

Data

- National HIV Behavioral Surveillance (**NHBS**) data collected among PWID in Philadelphia in 2018 and 2022 through respondent-driven sampling (RDS)
- We **examined differences between years** in self-reported HIV testing, medical care, syringe services program (SSP) access, drug treatment, and PrEP use in the year prior to interview

Methods

- **Chi-square** tests to identify differences in service access between years
- Estimated **adjusted prevalence ratios** for service access between years using **generalized linear models** adjusted for age, race/ethnicity, housing stability, and primary injecting drug

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HIV prevention services among PWID—**particularly HIV testing**—have not recovered fully from the pandemic. **Expanding access to low-barrier HIV prevention and care services in non-clinical settings should be prioritized post-COVID.**

Table 1. Characteristics of NHBS participants, 2018-2022

	2018 n (%)	2022 n (%)
Age, Median (range)	37 (19-69)	41 (24-75)
Race/Ethnicity		
Non-Hispanic, Black	66 (10.7)	195 (32.3)
Non-Hispanic, White	452 (72.9)	324 (53.6)
Hispanic/Latine	89 (14.4)	70 (11.6)
Stably Housed (past year)	412 (66.5)	461 (76.3)
Primary Injecting Drug		
Heroin	544 (87.7)	401 (66.4)
Speedball	43 (6.9)	134 (22.2)
Other	33 (5.3)	69 (11.4)
Total	620 (100)	604 (100)

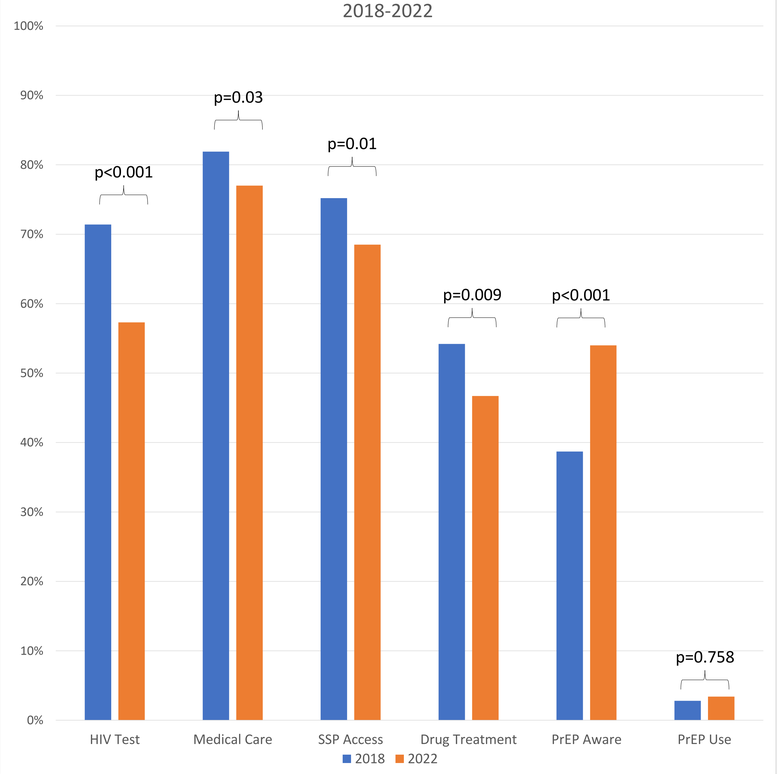
Results

- Participants in 2022 differed significantly from those in 2018 by **age, race/ethnicity, housing stability, and primary injecting drug** (Table 1)
- **A significantly smaller proportion of PWID had accessed each service** in 2022 compared to 2018 (Figure 1)
- An increase in **PrEP awareness** did not correspond to an increase in **PrEP use** (Figure 1)

Results (cont'd) — Poster #1100

- **An 18% decrease in recent HIV testing** was observed between 2018 and 2022 (aPR: 0.82; 95% CI: 0.70-0.96)
- Access to other services were not significantly different between years in adjusted models

Figure 1. Prevention and Care Access among PWID in Philadelphia, 2018-2022



Discussion

- Access to a full, diverse range of HIV prevention and harm reduction services is necessary for **Ending the HIV Epidemic**
- Stability in access to harm reduction services like SSPs and treatment suggests **expanding co-location of HIV prevention and care services in non-traditional, non-clinical harm reduction settings** can reduce multiple barriers and facilitate scale-up of services to improve the overall health of PWID