HIV Prevention Service Use Among PWID in Washington, DC, Pre- and Post-COVID Lockdown (2018 vs. 2022)

1008

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DC HEALTH
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BACKGROUND

- The COVID-19 pandemic disrupted access to critical healthcare and HIV prevention services for people who inject drugs (PWID).
- We explored the differences in the use of healthcare and HIV prevention services among PWID in Washington, DC in 2018 compared to 2022.

METHODS

We used serial, cross-sectional data from the 2018 and 2022 National HIV Behavioral Surveillance system (NHBS) in Washington, DC. PWID were recruited via respondent-driven sampling (RDS). Presented data are weighted.

Participant eligibility for NHBS and this analysis:

- ≥18 years old
- resided in the Washington metropolitan statistical area
- reported injecting non-prescribed drugs in the past 12 months

Measures assessed in this analysis included:

- self-reported healthcare and HIV prevention service utilization
- drug-use behaviors
- drug treatment engagement

Statistical analysis:

- RDS-weighted percentages with 95% confidence intervals of measures were calculated.
- Rao-Scott chi-square tests were used to identify significant differences in measures comparing 2018 and 2022.

RESULTS

Table 1. Sociodemographic characteristics of PWID, 2018 versus 2022

	2018 (N=511)	2022 (N=229)	Rao-Scott χ2
	N (Weighted %)	N (Weighted %)	
Age (2022: 225)			0.0241
18-35	17 (2.9)	9 (4.2)	
36-50	89 (19.7)	35 (10.4)	
51-65	359 (69.7)	143 (70.6)	
65+	46 (7.7)	38 (14.8)	
Gender (2022: 225)			0.9927
Male	366 (72.1)	152 (72.5)	
Female	139 (27.2)	72 (26.9)	
Transgender	6 (0.7)	1 (0.6)	
Race/ethnicity (2022: 227)			0.0088
Non-Hispanic (NH) White	9 (1.7)	4 (0.5)	
NH Black	488 (94.4)	206 (88.1)	
Hispanic	6 (3.1)	8 (2.8)	
Other	8 (0.8)	9 (8.7)	
Education			0.2899
High school diploma or lower	400 (80.5)	183 (85.1)	
Some college education or above	111 (19.5)	46 (14.9)	
Marital status			0.048
Married or living together	91 (20.4)	25 (9.8)	
Separated, divorced, widowed	177 (31.5)	85 (31.6)	
Never been married	243 (48.2)	119 (58.6)	
Health insurance (2018: 509)			0.2679
No	42 (8)	13 (4.7)	
Yes	467 (92)	216 (95.3)	

RESULTS (Cont'd)

Figure 1. Difference in healthcare and HIV prevention services utilization, 2018 versus 2022

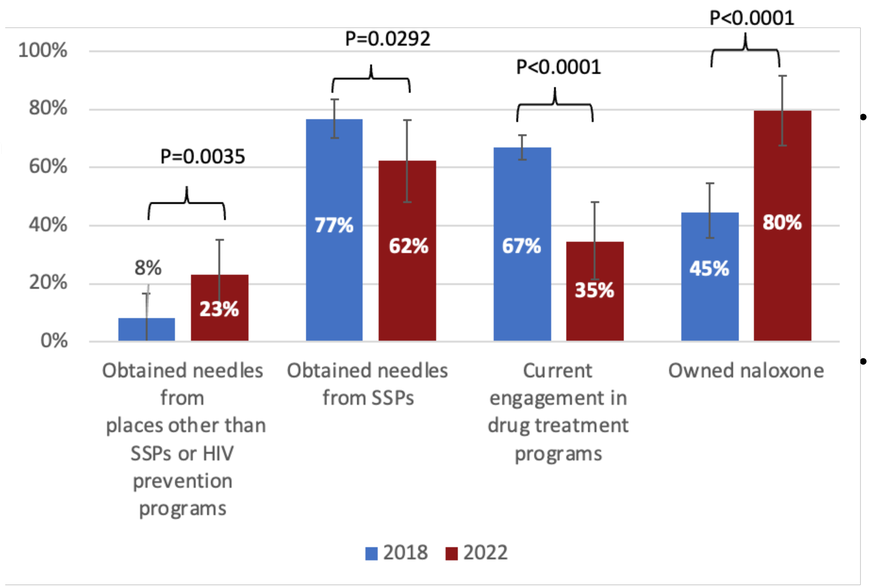
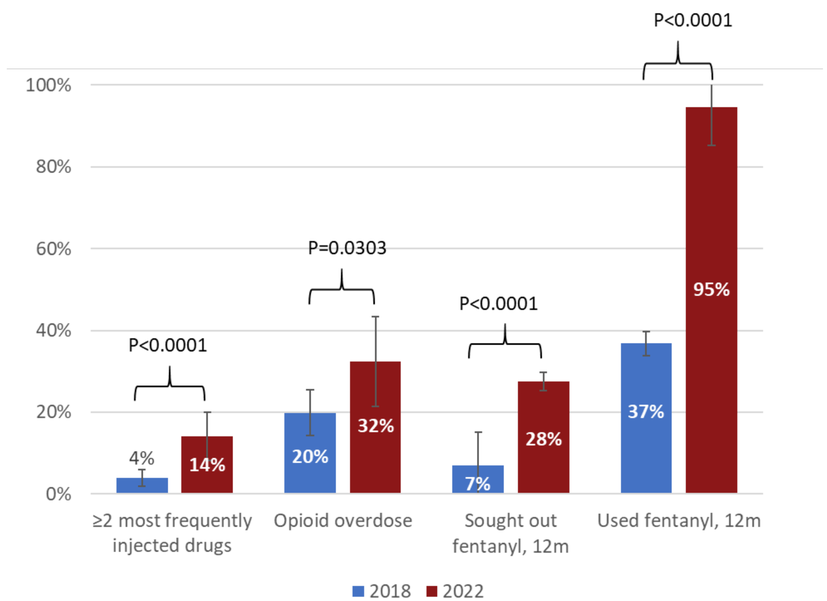


Figure 2. Difference in drug use behaviors, 2018 versus 2022



In 2022 compared to 2018, we found the following differences:

- *Sociodemographic Characteristics:*
  - Higher proportions of PWID were aged >50 and had never been married; a lower proportion were non-Hispanic Black PWID (see Table 1).
- *Healthcare service utilization:*
  - Lower proportions of PWID obtained needles from syringe service programs (SSPs) and were currently engaged in drug treatment.
  - Higher proportions of PWID owned naloxone and obtained needles from places other than SSPs/HIV prevention programs.
  - No significant differences in HIV testing, PrEP awareness and PrEP uptake (data not shown).
- *Drug use behaviors:*
  - A significantly higher proportion of PWID used and sought out fentanyl in the past year.
  - Higher proportions of PWID used ≥2 injected drugs at the same frequency level and reported experiencing an opioid overdose in the past year.
  - No significant difference in sharing injection equipment (data not shown).

CONCLUSIONS

- Healthcare utilization and drug use behavior among PWID changed significantly over time.
- The observed decline in SSP service use may pose challenges in providing effective and accessible HIV-related services for PWID.
- Increases in fentanyl use and concurrent use of multiple drugs may elevate the risk of overdose.
- It is crucial for public health professionals to be ready to track and address rapidly evolving trends.
- Future directions include understanding drivers of changing trends and optimal public health responses.

LIMITATIONS

- The difference in HIV prevention service and drug use may be influenced by sample composition and size.
- This is a cross-sectional study; no causal inferences can be made.

CONTACT INFORMATION

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