# Community and Facility-Based PrEP Uptake and Adherence among People who Use Drugs in Uganda

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## BACKGROUND

- In Uganda, there is a substantial and growing population of people who use drugs (PWUD), including people who inject drugs (PWID).
- Among PWUD in Uganda, HIV prevalence estimates are high, and behaviors associated with drug use and condomless sex put PWUD at heightened risk for HIV and other sexually transmitted infections (STI).
- There is limited access to HIV prevention services, which are often delivered in parallel to harm reduction programs and by different implementing organizations.
- Integrating HIV pre-exposure prophylaxis (PrEP) into harm reduction services could substantially enhance service uptake and reduce the risk of HIV acquisition.

## METHODS

### Study Design

- This is an evaluation of programs to integrate PrEP into existing harm reduction services for PWUD.
- PrEP is delivered according to Uganda's national guidelines.
- Research components are implemented to support a greater understanding of PrEP use and the experiences of participants engaged with the PrEP programs.

### Data Collection

- From January 2022-December 2023, we enrolled PWUD into TDF-based oral PrEP programs integrated into a community-based needle and syringe program (NSP) and a facility-based medication-assisted treatment (MAT) program located in Kampala, Uganda.
- The 6-month PrEP refill data were abstracted from medical records to estimate PrEP persistence.
- We enrolled a subset of participants into a research cohort to measure tenofovir concentration levels in plasma to estimate PrEP adherence.
- We compared the frequency of PrEP persistence and adherence across program type.

**In integrated PrEP and harm reduction programs in Uganda, PrEP uptake and persistence was high, especially within the community-based needle and syringe program.**

## RESULTS

- The median age at enrollment among all people (n= 627) with data abstracted is 31.0 (IQR 25.0-40.0).
- The majority identify as male (88.5%), 95.2% of participants are Ugandan citizens, 56.5% had completed primary schooling, and 39.9% were involved in casual work.
- The subsets of those accessing PrEP and enrolled for research are similar.
- "Ever use" of street opioids was reported by 79% of MAT participants and 61.3% of NSP participants.
- 100% of HIV-negative NSP clients (n=388) and 98.9% of MAT clients (n=113) with 6 months of follow-up, initiated PrEP.

**Street opioid routes (n=203 reporting having 'ever used' street opioids)**

**IV Injection**
MAT 69 (51.88%)
NSP 68 (42.50%)

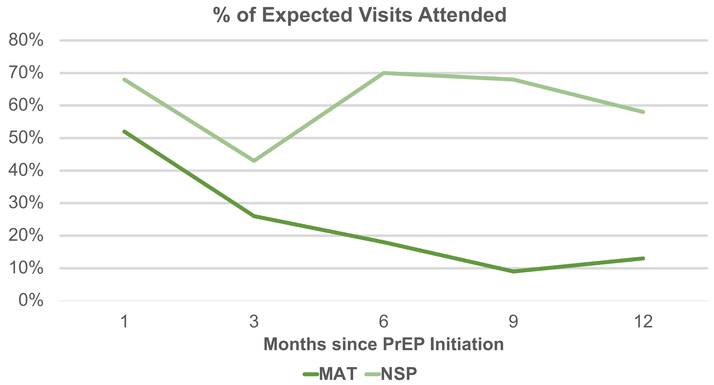
**Smoking**
MAT 48 (36.09%)
NSP 27 (16.88%)

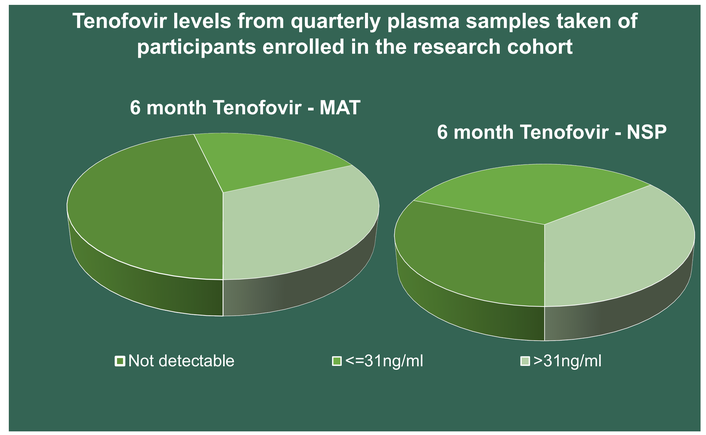
**Nasal**
MAT 32 (24.06%)
NSP 13 (8.13%)

**PrEP persistence among all in PrEP program cohort (N=542), based on bottle dispensing**

| | Pills Dispensed - Medication Assistance Treatment Program in a clinic setting | | | Pills Dispensed - Needle and syringe program in a community-based setting | | |
|---|---|---|---|---|---|---|
| | 30 pills | 60 pills | 90 pills | 30 pills | 60 pills | 90 pills |
| Individuals attended | 146 | 52 | 34 | 389 | 117 | 420 |
| Completed visits | 189 | 66 | 44 | 395 | 121 | 1320 |
| Expected | 189 | 63 | 43 | 395 | 121 | 1320 |
| Days since PrEP initiation | | | | | | |
| No attendance | 88 (47%) | 38 (60%) | 32 (74%) | 29 (7%) | 3 (2%) | 459 (35%) |
| Attended within 30 days | 76 (40%) | 3 (7%) | 0 (0%) | 299 (76%) | 8 (1%) | 0 (0%) |
| Attended within 60 days | 9 (5%) | 9 (14%) | 2 (5%) | 43 (11%) | 102 (84%) | 26 (2%) |
| Attended within 90 days | 7 (4%) | 4 (6%) | 6 (14%) | 3 (1%) | 10 (8%) | 664 (50%) |
| Attended within ≥ 120 days | 8/189 (4%) | 6/63 (10%) | 0 (0%) | 21/395 (5%) | 6/121 (5%) | 158/1320 (12%) |

Attendance within the specific allotment of days is calculated using the exact number of days specified.




## CONCLUSIONS

- PrEP enthusiasm is very high in the cohort including initiation and sustained use for 6 months – both programs have high uptake; adherence may be higher among people receiving community-based services.
- At 6 months, adherence to PrEP is moderate to high in participants engaged through both programs.
- Since programs for PWUD serve people with different harm reduction preferences, further research is needed to explore how to effectively integrate PrEP into community-and facility-based programs.

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