ASSOCIATION BETWEEN HIV SEXUAL AND INJECTING RISK BEHAVIOURS AND PREP INITIATION AMONG PEOPLE WHO INJECT DRUGS IN MIAMI AND MONTREAL: A SECONDARY ANALYSIS OF DATA FROM THE M2HEPPREP TRIAL.

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Background:
People who inject drugs (PWID) experience a disproportionate HIV risk, yet uptake of HIV pre-exposure prophylaxis (PrEP) remains low. PWID are heterogeneous with respect to sexual and injecting risk behaviours, which may influence PrEP initiation, even when some barriers are removed.

Methods:
We conducted a secondary analysis of HIV-uninfected PWID enrolled in the Miami–Montreal Hepatitis C and Pre-Exposure Prophylaxis (M2HepPrEP) randomised controlled trial of integrated HIV and hepatitis C prevention and care, in which PrEP was offered to all participants and fully subsidised. Latent class analysis was used to identify baseline injecting and sexual HIV risk profiles. Modified Poisson regression with robust variance estimated associations between class membership and PrEP initiation within six months of enrolment, adjusting for age, sex, recent homelessness, recent incarceration, current use of opioid agonist therapy, city and intervention arm.

Results:
Among 444 participants, four classes were identified: High Injecting/Low Sexual Risk (HILS; n=120), High Injecting/High Sexual Risk (HIHS; n=77), Low Injecting/High Sexual Risk (LIHS; n=75), and Low Injecting/Low Sexual Risk (LILS; n=172; Figure.). Overall, 98 (22.1%) initiated PrEP. PrEP initiation was lowest in the HILS class (15.8%), with higher proportions in the HIHS class (27.3%), LIHS class (25.3%) and LILS class (22.7%). Compared with HILS, PrEP initiation was higher among participants in the HIHS (aPR: 1.83; 95% CI: 1.10–3.05), LIHS (aPR: 2.07; 95% CI: 1.23–3.47), and LILS (aPR: 1.67; 95% CI: 1.07–2.61) classes.

Conclusion:
Even with subsidised access, overall PrEP initiation was low, and was lowest among PWID in the HILS class. These findings suggest that PrEP delivery models and health promotion strategies may prioritise sexual risks and be overlooking PWID whose HIV risk is primarily injection-related. To reduce HIV transmission among PWID, PrEP implementation must explicitly address injection-related transmission and be integrated within harm reduction and drug treatment services.

Disclosure of Interest Statement:
None to declare