CORRELATIONS BETWEEN INJECTING FREQUENCY AND HOUSING STABILITY TRAJECTORIES EVOLVING CONCOMITANTLY OVER ONE YEAR: RESULTS FROM A COHORT STUDY OF PEOPLE WHO INJECT DRUGS IN MONTRÉAL, CANADA

Authors:

<u>Fortier E</u>^{1,2}, Sylvestre MP^{1,2}, Artenie AA^{1,2}, Jutras-Aswad D^{1,2}, Roy É^{3,4}, Grebely J⁵, and Bruneau J^{1,2}

¹CHUM Research Centre, ²Université de Montréal, ³Université de Sherbrooke, ⁴Institut national de santé publique du Québec, ⁵The Kirby Institute.

Background:

Unstably housed people who inject drugs (PWID) face an array of negative outcomes, including higher risks of unsafe injecting and HCV acquisition compared to their stably housed counterparts. However, the interaction between drug injecting and housing stability over time remains poorly understood. This study aimed to investigate correlations between injecting frequency and housing stability trajectories evolving concomitantly over 12 months.

Methods:

At three-month intervals, HCV RNA-negative PWID enrolled between 03/2011 and 06/2016 in a cohort study were tested for HCV and completed an interviewer-administered questionnaire. At each visit, participants reported the number of injecting days (0-30 days) and unstable housing (hotel/motel room, rooming/boarding house, shelter, or street) for each of the past three months. Participants were included if observations were available for ≥ 6 out of 12 months. Group-based dual trajectory modeling was performed using censored normal and logistic models for injecting frequency and housing stability trajectories, respectively.

Results:

386 participants (mean age 40, 82% male) contributed 3,725 observations. Five injecting frequency trajectories were identified: sporadic (estimated probability of group membership, 26%), infrequent (34%), increasing (15%), decreasing (11%), and frequent (13%). Three housing stability trajectories were identified: sustained (53%), declining (20%), and improving (27%). The probability of improving housing stability was higher among PWID who injected frequently (22%), sporadically (20%), or infrequently (14%) compared to those with increasing (8%) or decreasing injecting (11%). Moreover, the probability of a decline in housing stability was lower among PWID who injected frequently (23%) compared to those with other injecting trajectories (\geq 29%).

Conclusions:

PWID with stable injecting trajectories (frequent, sporadic, and infrequent injecting) were more likely to improve housing stability over time compared to those with varying trajectories (increasing or decreasing injecting). The association between frequent injecting and improving housing stability is novel, yet a better understanding of the underlying mechanisms is needed.

Disclosure of Interest Statement:

This work was supported by the Canadian Institutes of Health Research (CIHR) and the Fonds de recherche du Québec – Santé (FRQS). None of the authors has commercial relationships that might pose a conflict of interest in connection with this work. EF is supported through a CIHR MD/PhD scholarship.