

ESTIMATING THE BURDEN OF MULTIPLE STRUCTURAL RISK FACTORS AMONG PEOPLE WHO INJECT DRUGS USING KEY POPULATION SURVEYS IN SUB-SAHARAN AFRICA

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Abstract

Background:

Structural risk factors can act as barriers to HIV prevention and treatment for people who inject drugs (PWID), but there is little evidence on their burden from sub-Saharan Africa (SSA). We estimated the prevalence of nine different structural factors among PWID in SSA.

Methods:

We analysed 15 surveys of PWID from 12 African countries (22598 participants; surveys conducted: 2014-2022) that reported on ≥ 1 structural factors relating to stigma, violence, criminal justice involvement, and homelessness. We pooled survey-specific estimates for exposure to each factor, overall and by gender, using random-effects meta-analysis. Where a country contributed multiple surveys, we used a multilevel model, adding a country-level random intercept. Separate analyses were done for recent (≤ 12 months) and lifetime exposure. Pooling was restricted to structural factors with ≥ 3 surveys. We present pooled proportions and female-to-male prevalence ratios (PRs).

Results:

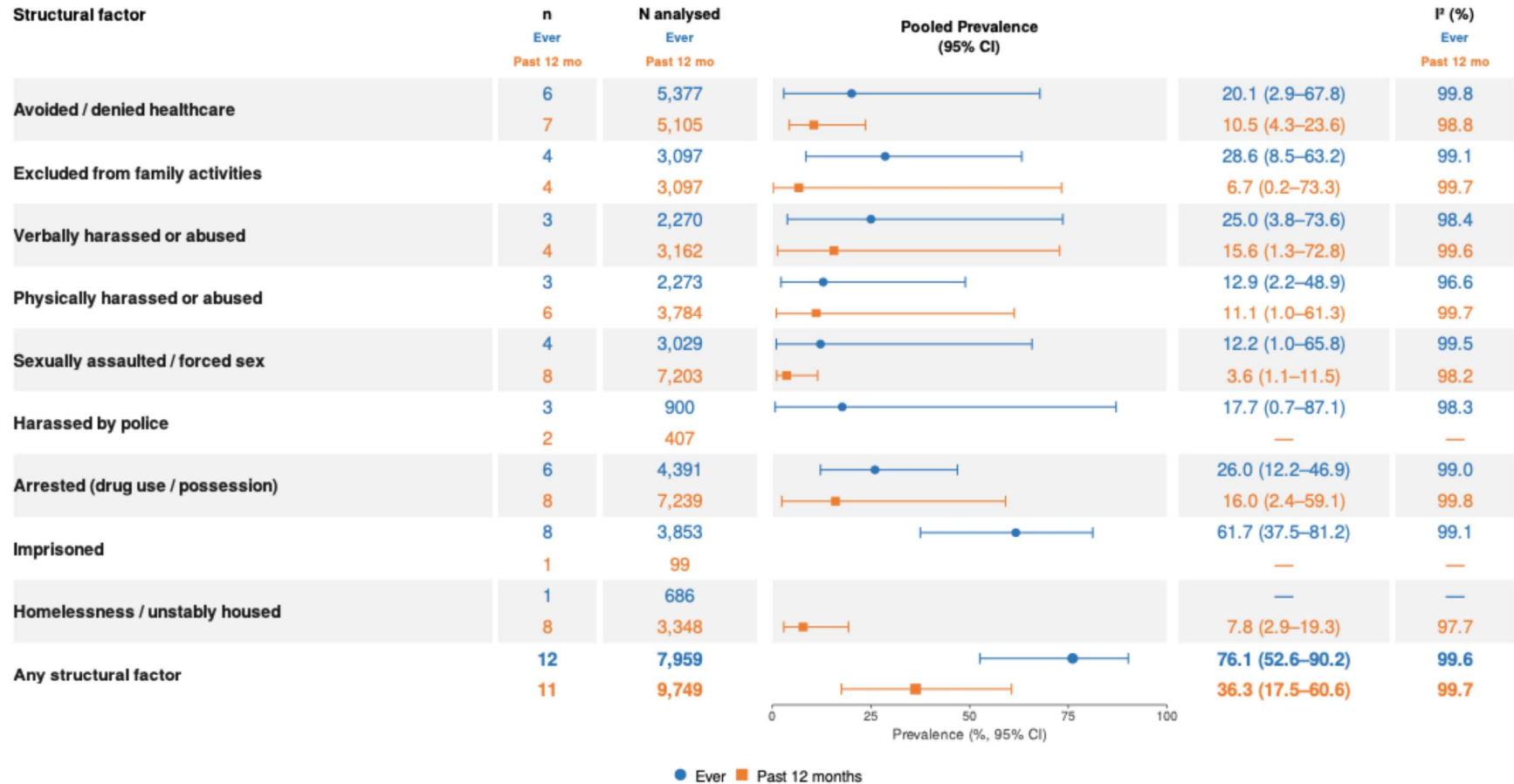
One-fifth of PWID reported ever avoiding or being denied healthcare due to injecting drug use (IDU; 20.1%; 95%CI: 2.9-67.8%), while over a quarter felt excluded from family activities due to IDU (28.6%; 8.5–63.2; Figure). Lifetime verbal, physical, and sexual abuse were reported by 25.0% (3.8-73.6%), 12.9% (2.2-48.9%) and 12.2% (1.0-65.8%) respectively. For criminal justice involvement, 17.7% (0.7-87.1%) reported ever being harassed by the police, 26.0% (12.2-46.9%) ever being arrested for drug use and 61.7% (37.5-81.2%) ever being imprisoned. A smaller fraction (7.8%; 95%CI: 2.9-19.3%) reported recent homelessness. Overall, three-quarters of PWID reported lifetime exposure to at least one structural factor (76.1%; 52.6-90.2%). All pooled proportions showed high heterogeneity. Females had considerably higher exposure to recent sexual violence (PR: 5.74; 95% CI: 2.40-13.75) while imprisonment was higher in males (PR: 0.68; 95%CI: 0.49-0.93). Other gender differences were modest or inconclusive.

Conclusion:

PWID in SSA are exposed to numerous structural risk factors, often at high levels. Structural interventions are needed to reduce these barriers to HIV care.

Disclosure of Interest Statement: All authors declare that there are no conflicting interests.

Pooled prevalence of structural factors among PWID in 12 sub-Saharan African countries



CI = confidence interval; I² = heterogeneity statistic; n = number of surveys; PWID = people who inject drugs. — = insufficient data (k < 3 surveys).

Countries included: Benin, Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Mozambique, Nigeria, South Africa, Togo, Uganda, Zambia, and Zimbabwe.