

CORRELATES OF NON-FATAL OVERDOSE AND ASSOCIATED RISK FACTORS AMONG PEOPLE WHO INJECT DRUGS ACCESSING HARM-REDUCTION SERVICES IN KENYA

Authors:

Riback LR¹, Manley HN¹, Nyakowa M², Zhang C¹, Stone J³, Vickerman P³, Ganatra N², Akiyama MJ¹

¹ Albert Einstein College of Medicine/Montefiore Medical Center, New York, United States; ² National AIDS and STI Control Programme, Kenya Ministry of Health, Nairobi, Kenya; ³ University of Bristol, Bristol, United Kingdom

Background:

Globally, non-fatal overdoses (NFODs) are rising. Research has identified that addiction severity, frequency of use, and years of injecting are associated with NFOD risk; however, these dynamics among people who inject drugs (PWID) in sub-Saharan Africa have yet to be thoroughly assessed.

Methods:

We recruited PWID from needle and syringe programs in Kenya using respondent driven sampling. Participants completed biobehavioral surveys and received Hepatitis C (HCV), Hepatitis B (HBV), and HIV testing. We used bivariate and multivariate logistic regression to examine the impact of location, disease status, and injection behaviors on self-reported NFODs.

Results:

Among those with NFOD data (n=3145); 13.6% reported experiencing a NFOD in the prior 6 months. In the univariate analysis, participants with a recent NFOD were significantly more likely to have HCV (23.3% vs. 18.7%, $p=0.026$), HIV-HCV co-infection (5.3% vs. 3.7%, $p=0.026$), reside in Coast (64.1% vs. 47.1%, $p<0.001$), and less likely to reside in Nairobi (21.9% vs. 34.5%, $p<0.001$) than those without a recent NFOD. Factors associated with recent NFOD in the multivariate model were greater years of injecting (OR=1.018 per year of injecting; 95%CI: [1.00-1.037]), more frequent injections in the last 30 days (OR=1.006 per additional injection in last 30 days, [1.003-1.008]), injecting in feet (vs. not; OR=1.433, [1.118-1.838]), and polysubstance use (vs. mono-substance use; OR=2.341, [1.603-3.421]) all in the same timeframe; as well as injecting alone at least half of the time (OR=1.801, [1.345-2.410]), receptive needle/syringe sharing at last injection (OR=3.480, [2.472-4.900]), and typically injecting in a basecamp/den (vs. not OR=1.796, [1.183-2.728]).

Conclusion:

NFOD was associated with physical and geographic injection locations, injecting alone, and other injection-related behaviors. These findings highlight a need for integrating overdose prevention efforts into existing harm reduction strategies, including outreach in high-risk injection locations, never use alone strategies, and easily accessible naloxone when available, particularly in settings with limited naloxone access.

Disclosure of Interest Statement:

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