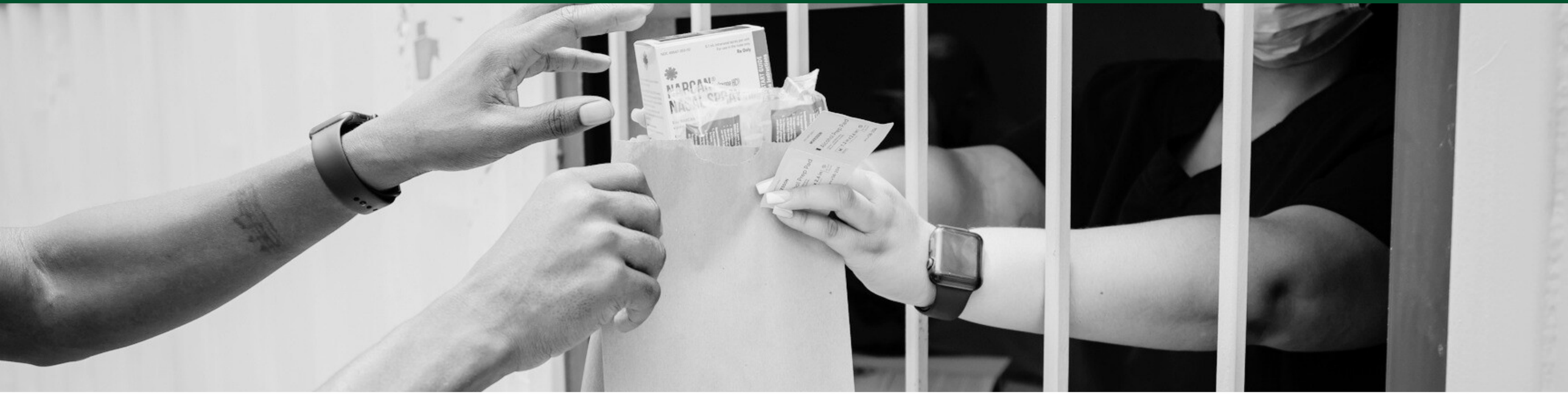
RAPID INITIATION OF ANTIRETROVIRALS AT A SYRINGE SERVICES PROGRAM FOR PEOPLE WITH HIV WHO INJECT DRUGS



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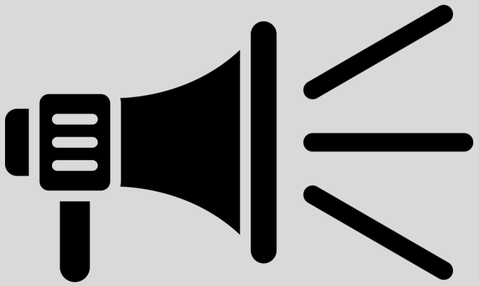
DISCLOSURES



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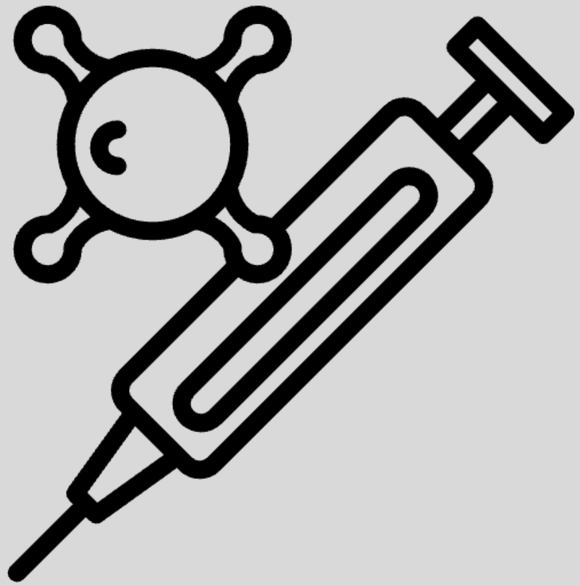
BACKGROUND



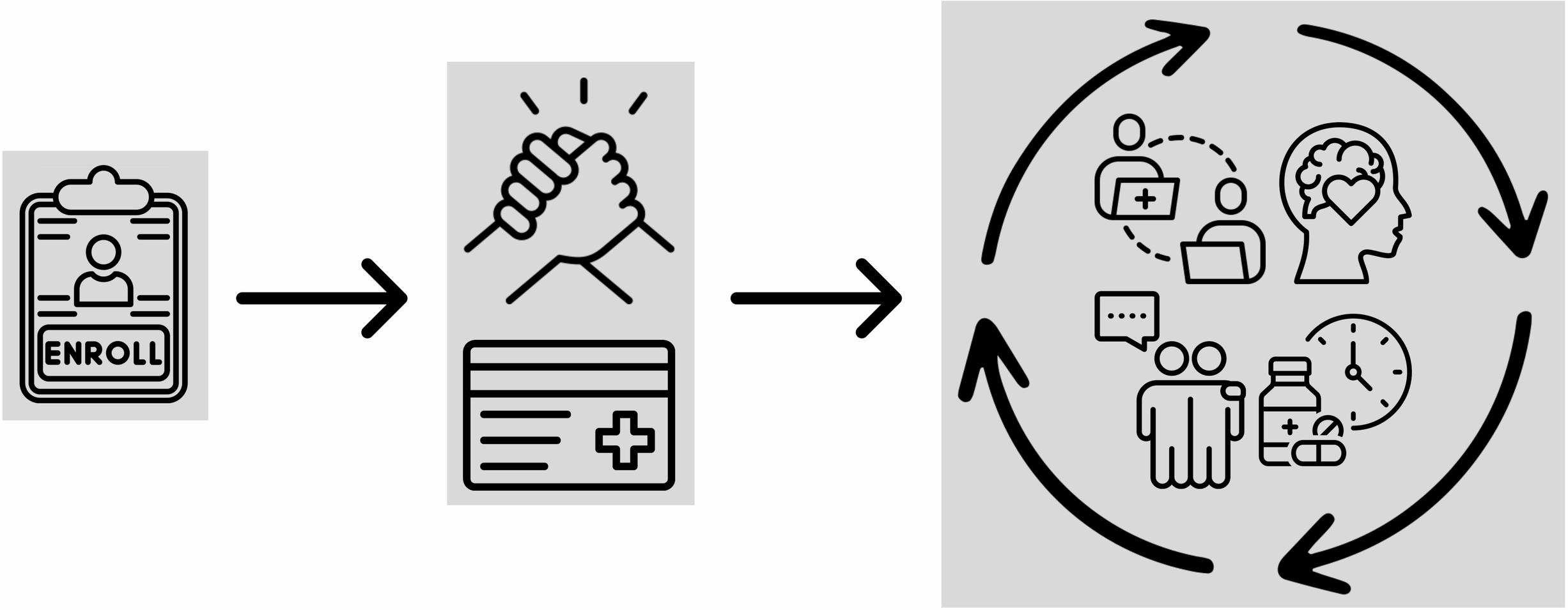
- In 2021, **11%** of new HIV infections in the US were **attributable to injection drug use.**
- People who inject drugs (PWID) with HIV are **less likely to enter care at early disease stages** and have **low rates of viral suppression**, contributing to unintended transmission and worse prognosis.
- PWID face **numerous barriers to accessing care** in the traditional healthcare system, including stigma, cost, lack of transportation, inflexible hours, administrative burdens, and competing priorities associated with substance use, housing instability, etc.
- One promising approach to improving low-barrier access to care is **telehealth**, which has the potential to benefit both patients and providers and can be offered at syringe services programs (SSPs).

OBJECTIVES

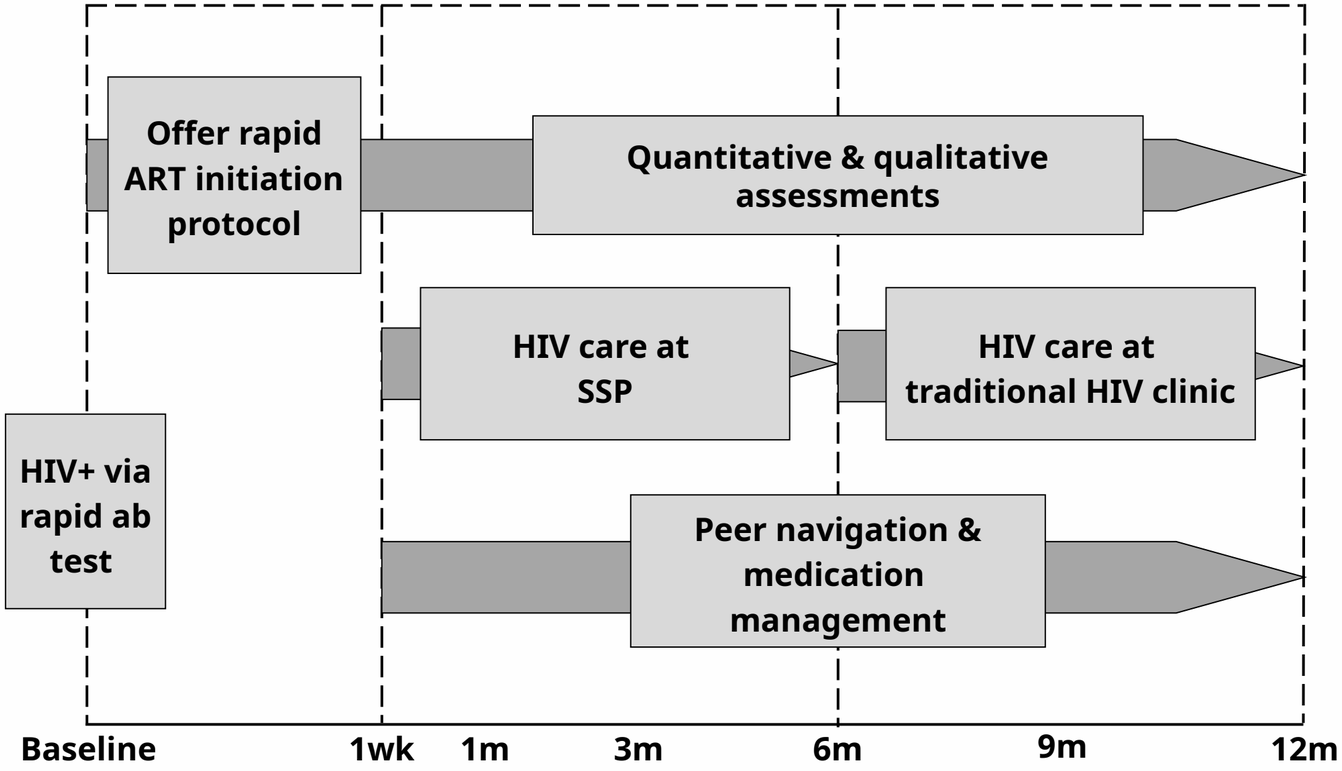
1.To examine the feasibility and acceptability of telehealth-supported rapid antiretroviral therapy (ART) initiation among PWID with HIV accessing services at an SSP.

2. To assess retention in HIV care after transition to a traditional HIV clinic.

THE INTERVENTION



METHODS



Setting

IDEA Miami SSP

- Over 2350 participants
- Fixed and mobile sites
- Comprehensive package of harm reduction services (including HIV testing, prevention, and treatment)

Inclusion criteria

- >18 years
- able to consent
- HIV+ by rapid ab test
- HIV RNA >200 copies/ml
- creatinine clearance >30
- no allergy to bictegravir/emtricitabine/ tenofovir alafenamide (B/F/TAF)
- no other relevant comorbidities.

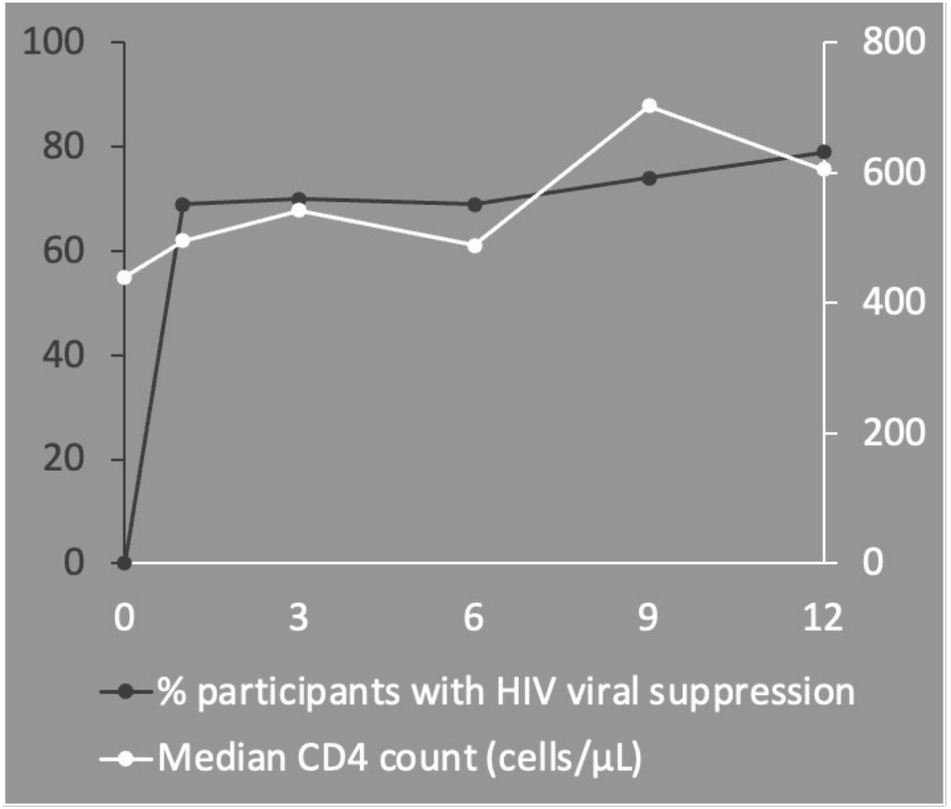
FINDINGS

While receiving care at the SSP

- 69%, 70%, and 69% of participants were virally suppressed at 1, 3, and 6 months, respectively.

After transitioning to traditional HIV clinic

- 74% and 79% of participants remained virally suppressed at 9 and 12 months, respectively.



QUALITATIVE THEMES

1. Barriers to accessing HIV care in the traditional healthcare system

- Perceived importance of ART
- Stigma
- Navigating the healthcare system
- Material supports
- Access to and storage of medication

2. The SSP as a “safe haven”

- Committed and caring staff
- Lack of stigma

“Sometimes, they're treated like scum. Other times, they're treated like they're pathetic. Other times, there's some sympathy, but most of the times, they're like, they're nasty and lowest life in the world.” (7)

“People try to buy [the medications] and sell it and steal it. You gotta hide it.” (16)

“Because it feels like it’s a safe haven, a place of comfort… You’re looking out for our well-being.” (7)

“Being in the…program, those are barriers I don’t have to worry about. They take care of all that. They keep a supply. They come find me. They’ll do whatever they got…There’s no reason you shouldn’t have the medication other than not being responsible” (12)

QUALITATIVE THEMES

3. Benefits of the SSP's rapid ART initiation program
- Medication management
- Peer support
- Outreach
- One-stop shop

"it's a really good feeling when you guys say, you're doing good, just keep doing what you're doing…I'm undetected now, it's awesome!" (6)

4. Acceptability of telehealth
- Overarching acceptability
- Preference for initial in-person encounters

"I think it's a plus that you're able to get care through a computer or through a phone." (12)

"I would rather have…at least one [personal meeting] beforehand." (18)

5. Persistent barriers
- External factors
- SSP-specific and general recommendations

"Just remembering…because when you're in active use, it's the drugs is your focus." (24)

"Just being accountable, so myself. I'm my own barrier." (23)

CONCLUSIONS

Key takeaway

- Rapid ART initiation for PWID at an SSP was **acceptable** and **feasible**.
- The intervention showed **preliminary efficacy** in achieving HIV viral suppression and sustaining it after transition to a traditional HIV clinic.

Future directions

Two ongoing randomized controlled trials:

- **TSHARP:** To compare the efficacy of the intervention (now referred to as *Tele-Harm Reduction, THR)* vs. off-site linkage to care for **HIV treatment** (viral suppression).
- **CHARIOT**: To compare the efficacy of comprehensive *THR* vs. off-site linkage to care for **HIV prevention** (PrEP and MOUD uptake and adherence).

THANK YOU
QUESTIONS?

Acknowledgements

We would like to thank the participants of the IDEA Miami SSP for trusting us to be their home for harm-reduction.

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Images courtesy of Canva and the IDEA Miami SSP.