

HIV PrEP for People Who Use Drugs

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Learning Objectives

- ◆ Understand the Importance of PrEP for PWUD
- ◆ Identify at least two barriers to PrEP for PWUD
- ◆ Apply at least one practical strategy to facilitate the PrEP conversation with patients

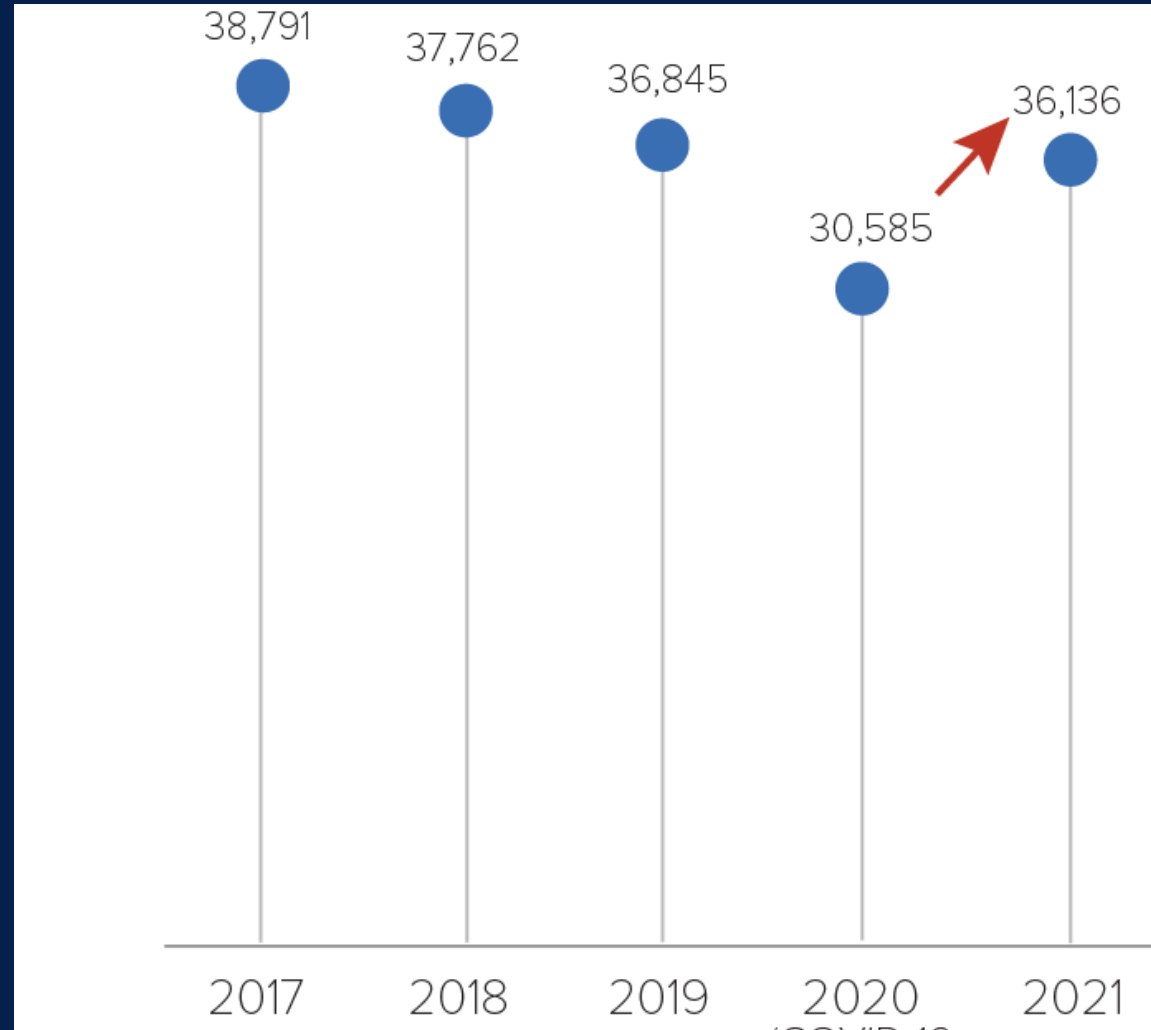
Timeline

- ◆ Introduction
- ◆ Lecture - background
- ◆ Small group activity – case study
- ◆ Role-playing
- ◆ Wrap-up
- ◆ Q&A

Basic Statistics

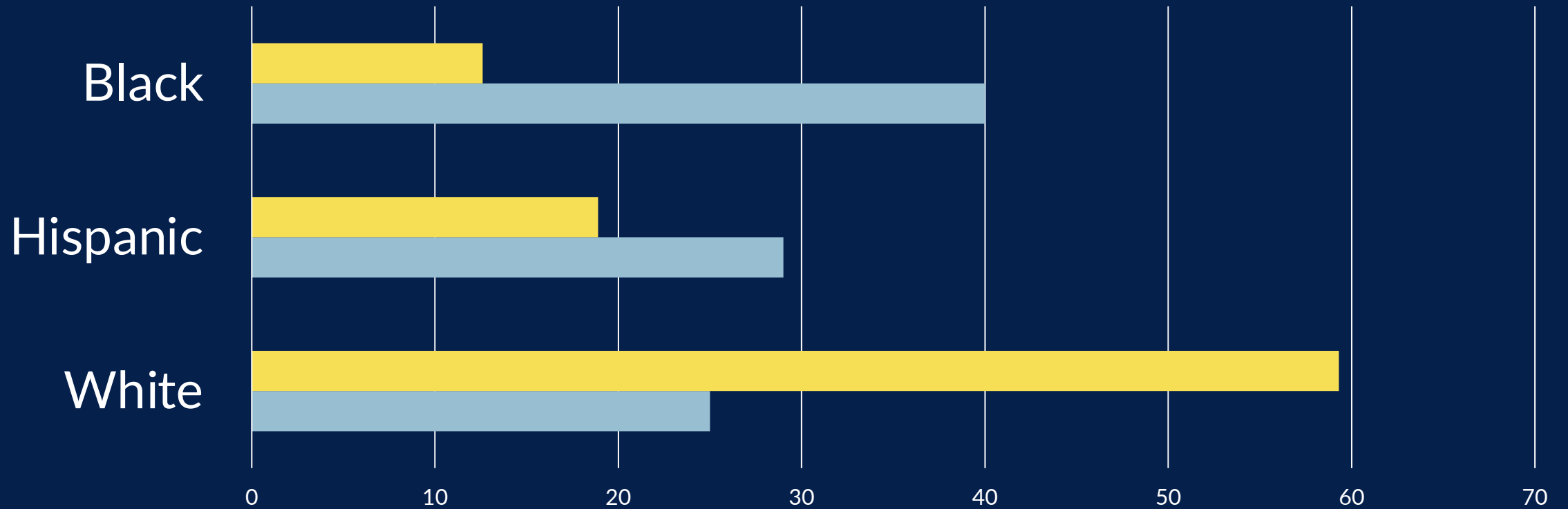
- ◆ 1.2 M people living with HIV in the US
- ◆ 13 % unaware of their HIV
- ◆ Sexual Contact: 89 %, Injection Drug Use 7 %
- ◆ 36 K newly diagnosed with HIV

Current Trends



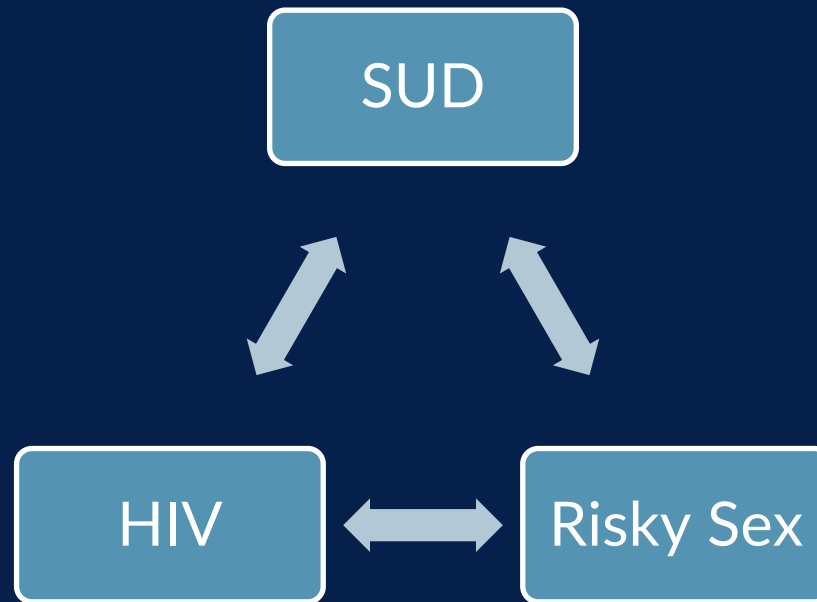
New HIV Diagnoses (2021)

- Population (%)
- HIV Diagnoses (%)



Epidemiology

- ◆ Estimated prevalence of HIV infection among PWID: 1.9%
- ◆ Unprotected sex: more common in PWID



USPSTF Recommendation

Population	Recommendation	Grade
Adolescents and adults at increased risk of HIV	The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.	A

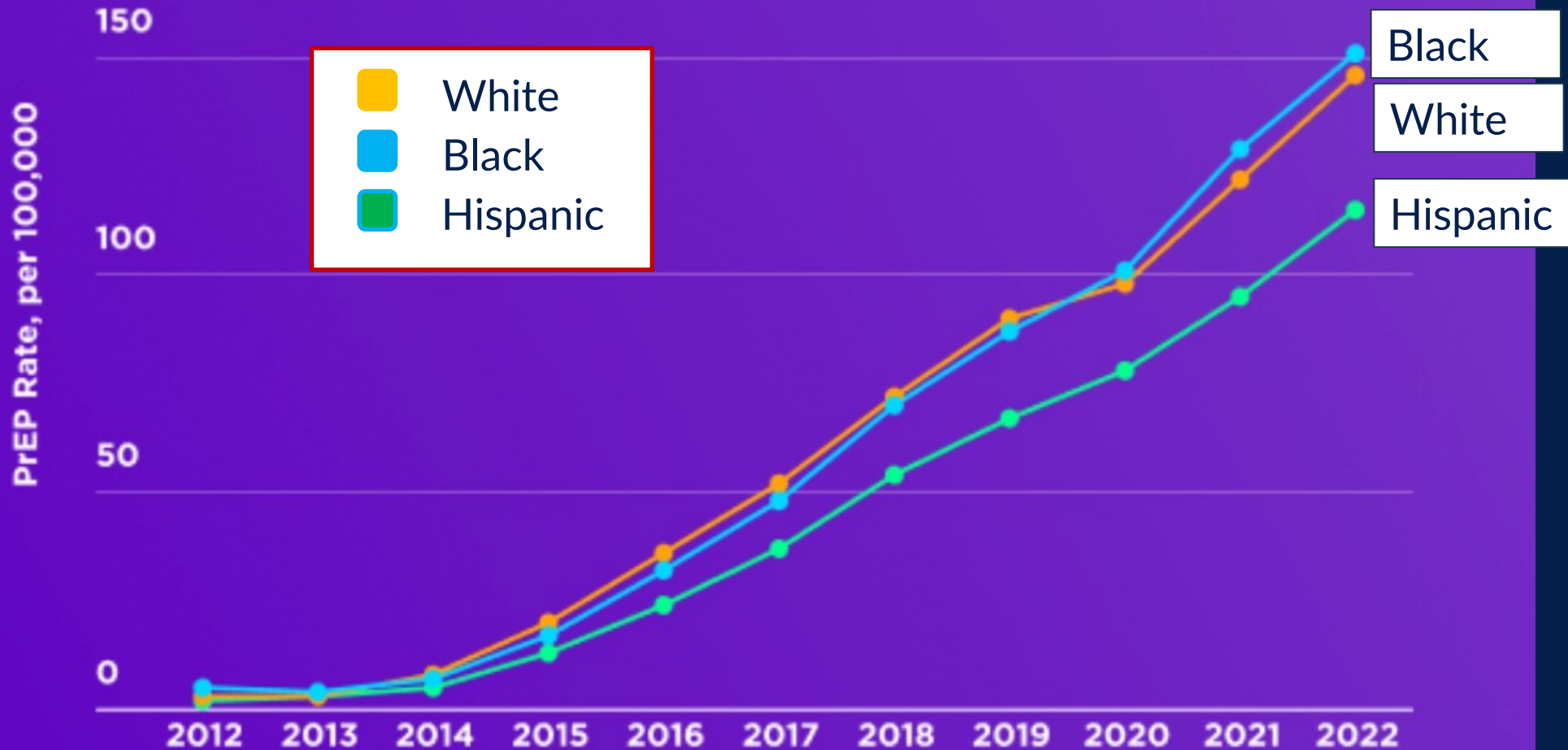
Number of PrEP Users



PrEP Demographics

- ◆ Gender: Male 92%, Female 8%
- ◆ Race/Ethnicity: White 64%, Hispanic/Latinx 17%, Black 14%

PrEP Rate (100K) by Race



PrEP-to-Need Ratio (PNR)

Number of PrEP Users

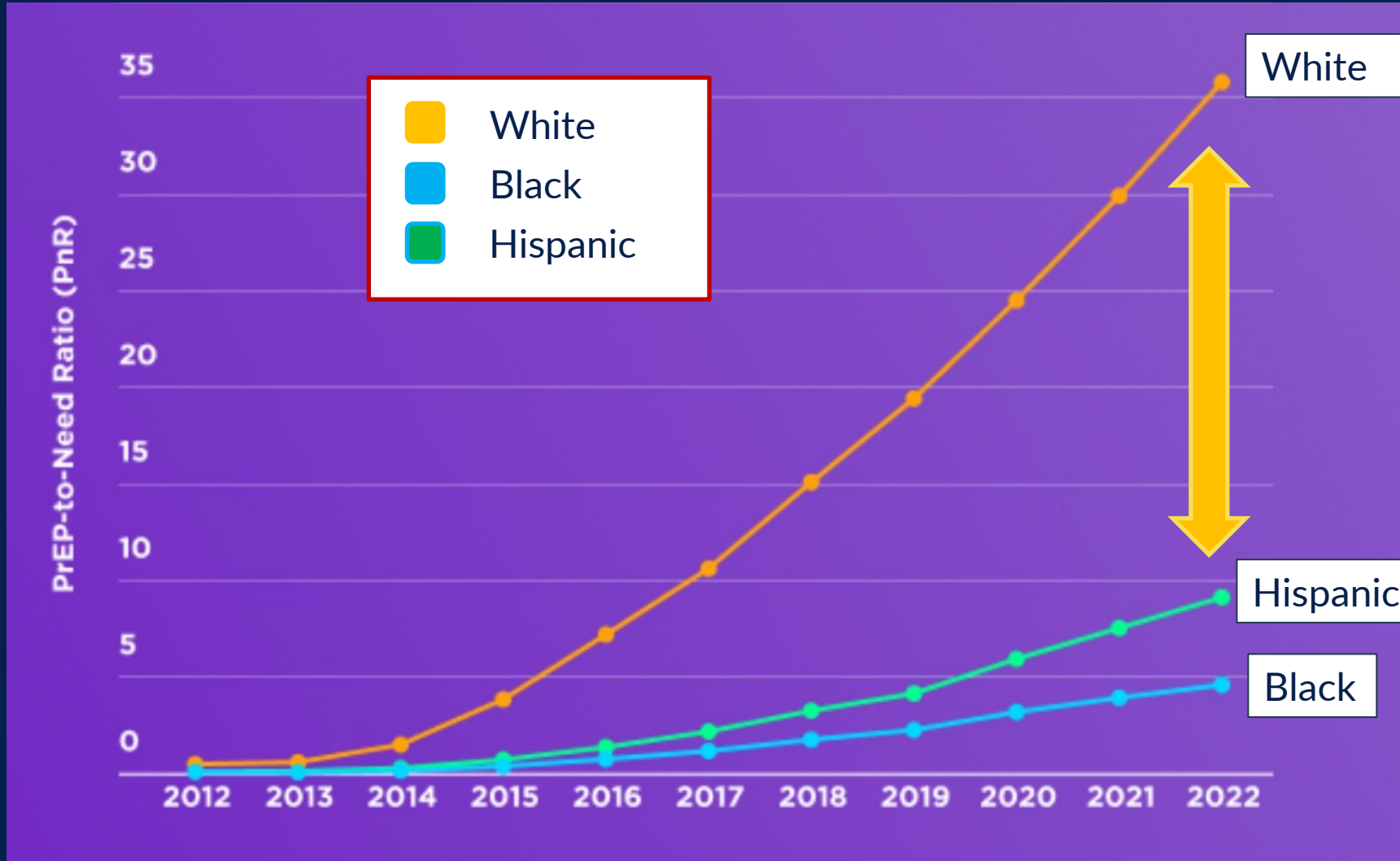
Number of New HIV infections

➔ Lower PNR = more unmet need

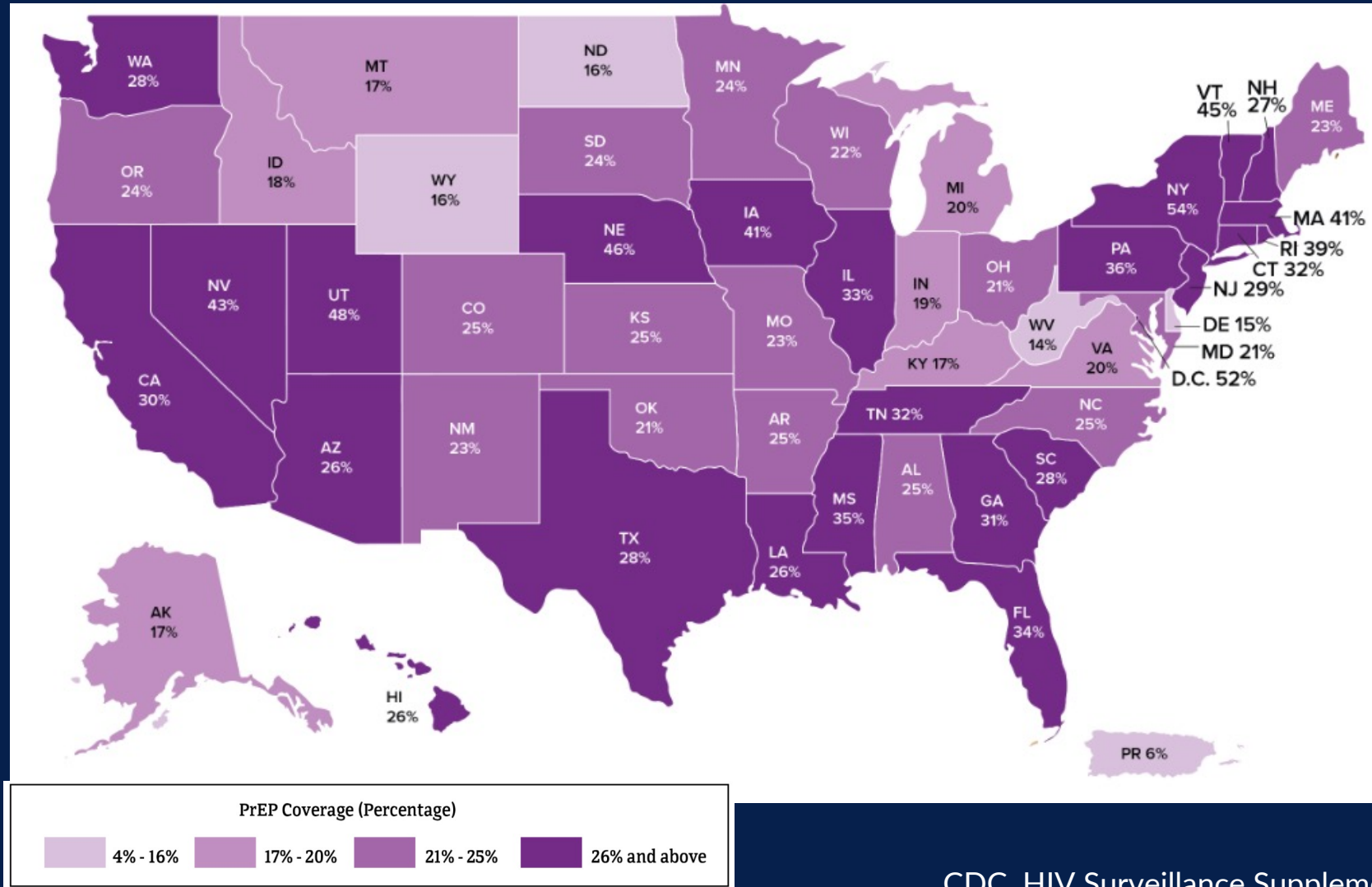
PrEP-to-Need Ratio (PNR)

- ◆ Gender: Male 14, Female 5
- ◆ Race/Ethnicity: Black 4, Hispanic/Latinx 7, White 31

PNR by Race



Only 30% were prescribed PrEP



Receipt of PrEP

< 1 individual per 1,000 persons
with OUD or stimulant use disorder

Ending the HIV Epidemic in the US

◆ Goal:

- Reduce new HIV infections by 75% by 2025 and 90% by 2030
- Increase awareness of HIV status to 95% by 2025
- Prescribe 50% of all people with indications for PrEP by 2030

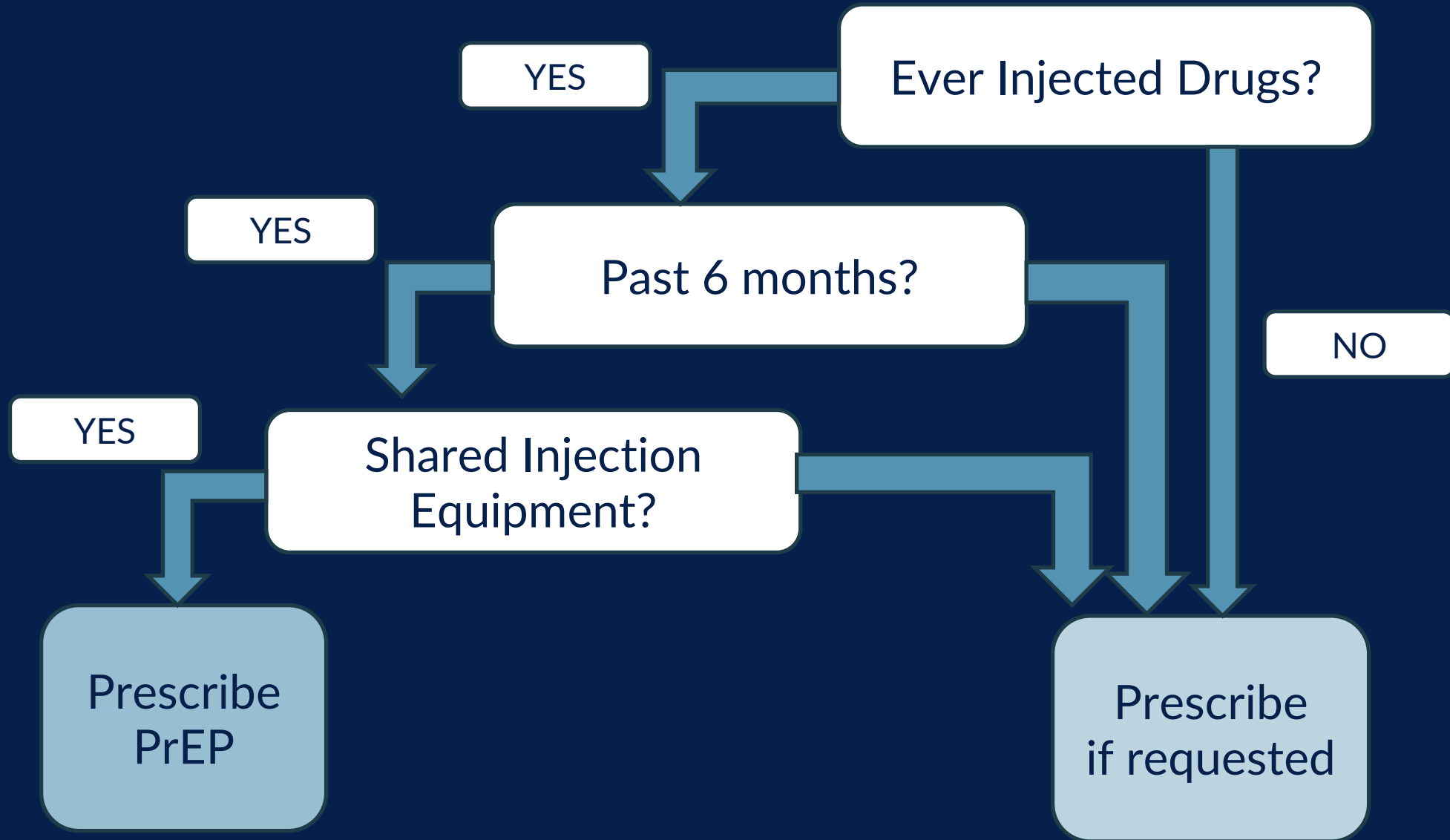
HIV PrEP



TDF/FTC (Truvada®)
TAF/FTC (Descovy®)



Cabotegravir (CAB)
Apretude® - IM

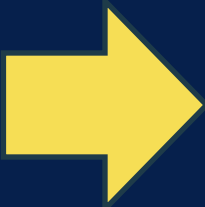


Barriers to PrEP among PWID



Barriers to PrEP (1)

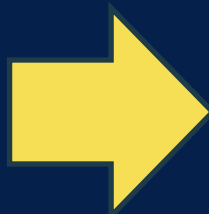
Psychological & Behavioral

- ◆ Perception of PrEP
 - ◆ Risk perception
 - ◆ Concern for “government surveillance (seroconversion)”
 - ◆ Concern “what the chart says”
 - ◆ Fear of knowing HIV status
 - ◆ Stigma/discrimination
 - ◆ Shame
 - ◆ Low self-esteem
- 
- ◆ Normalize PrEP
 - ◆ Patient Education on their risk
 - ◆ Discuss privacy of EMR
 - ◆ Non-stigmatizing language use
 - ◆ Openly discuss sexual health
 - ◆ Staff education

Barriers to PrEP (2)

Structural

- ◆ Perception of PrEP
- ◆ Insurance
- ◆ Housing insecurity
- ◆ Transportation
- ◆ Trust in healthcare



Pharmacological

- ◆ Limited options for a cis-female who is pregnant / PWUD
- ◆ Requires taking a daily medication
- ◆ Requires clinic follow up

- ◆ Advocate for PrEP access
- ◆ Case manager – insurance barriers
- ◆ Patient education about PrEP
- ◆ “Robust confirmation” if clinic system allows
- ◆ Facilitate broader health discussions and lab testing

Case Discussion

- ◆ Please create a small group (3 or 4 people / group)
- ◆ Small Group Discussion: 12 minutes
- ◆ Feedback/Reflections: 5 minutes

Case 1

- ◆ 26 yo G4P2012 who presents to the hospital at 19w3d, new to prenatal care, with severe opioid and stimulant use disorders and latent syphilis. She tells you she is using intranasal heroin, up to 2 bags per day and smoking cocaine once a week.
- ◆ Labs: unremarkable except RPR 1:64 with treponema Ab (+)
- ◆ UDS positive with cocaine, opiates, fentanyl
- ◆ Social Hx: housing insecurity
- ◆ Interested in treatment for OUD and risk mitigation for HIV.

Case 2

- ◆ 20 yo otherwise healthy male seen in clinic following his discharge a week ago from a hospitalization for accidental opioid overdose. During the hospitalization, he was started on long-acting injectable buprenorphine. Living with his parents.
- ◆ Still occasionally using IV heroin, although he has greatly decreased his use after the hospitalization.
- ◆ You ask the patient if he has heard about PrEP, the patient tells you “I’ve heard of that, isn’t it meant for a different population?”

Large Group Discussion/Reflection



Role-playing

- ◆ Please create a small group (3 or 4 people / group)
- ◆ Role: Healthcare Worker / Patient / Observer
- ◆ Role-play: 10 minutes
- ◆ Feedback/Reflections: 5 minutes

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Large Group Discussion/Reflection



Final Takeaways/Summary

- ◆ Health Inequity on HIV PrEP by race has been worsening.
- ◆ First Step: Start HIV PrEP Conversation
- ◆ It is your turn - Educate your colleagues

Q&A



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Resources

- ◆ National Clinician Consultation Center (UCSF) <https://nccc.ucsf.edu/clinician-consultation/prep-pre-exposure-prophylaxis/>
- ◆ HIV.gov Clinical Guidelines <https://clinicalinfo.hiv.gov/en/guidelines>
- ◆ National HIV Curriculum <https://www.hiv.uw.edu>

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