

INJECTION RISK BEHAVIORS AND HCV INFECTION AMONG YOUNG OPIOID INJECTORS IN NEW YORK CITY: A CHALLENGE FOR HCV ELIMINATION

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Background:

The ongoing opioid epidemic has led to an expansion of the population of young people who inject drugs (PWID). This new generation of young PWID is vulnerable to HCV and HIV infection through the use of non-sterile injection equipment.

Methods:

539 opioid users aged 18-29 who had used opioids (POs or heroin) in the past 30 days were recruited via Respondent-Driven Sampling. Analyses are based on the 353 participants who ever injected drugs. Variables were assessed via self-report, except HCV and HIV status established via rapid antibody testing.

Results:

PWID were 34% female, 73% White/non-Latino (mean age 24 y/o). 59% reported household income while growing up greater than \$50,000. Participants initiated heroin injection at the mean age of 20.4 y/o. 40% of lifetime PWID reported receptive syringe-sharing and 60% reported sharing cookers in the past 12 months. 30% tested positive for HCV, 3 (0.85%) for HIV. In multivariable analysis, testing HCV-positive was associated with lifetime homelessness, injecting with 8 or more people in past 3 months, having been incarcerated 3 or more times and injecting 7+years. In a separate analysis, knowing any opioid user(s) older than 29 was associated with testing HCV-positive.

Conclusions:

Despite the high coverage of harm reduction services in NYC many young PWID engage in risky injection practices and associate with older injectors who may expose them to HCV. Prevention efforts should expand early access to Medication-Assisted Treatment for Opioid Use Disorder and develop new strategies to engage young PWID in harm reduction services.

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