DRUG USE PATTERNS, INJECTION RISK BEHAVIOURS AND HARM REDUCTION SERVICE UTILIZATION AMONG PEOPLE WHO INJECT DRUGS IN IRAN: RESULTS FROM THREE CONSECUTIVE BIO-BEHAVIOURAL SURVEILLANCE SURVEYS

Authors:

<u>Hosseini-Hooshyar S</u>^{1,2}, khezri M¹, Karamouzian M^{1,3}, Mirzazadeh A^{1,4}, Sharifi H¹, Tavakoli F¹, Ghalekhani N¹, Mehmandoost S¹, Mousavian G¹, Akbarpour S⁵, Afsar-Kazerooni P⁶, Haghdoost AA¹, Shokoohi M^{1,7}

¹ HIV/STI Surveillance Research Center, and WHO Collaborating Center for HIV Surveillance, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran, ² The Kirby Institute, UNSW Sydney, Sydney, NSW, Australia, ³ School of Population and Public Health, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada, ⁴ Department of Epidemiology and Biostatistics, University of California San Francisco, San Francisco, CA, USA, ⁵ Department of Epidemiology & Biostatistics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran, ⁶ Center for Disease Control (CDC), Ministry of Health and Medical Education, Tehran, Iran, ⁷ Dalla Lana School of Public Health, University of Toronto, Canada

Background:

People who inject drugs (PWID) experience a disproportionate burden of HIV. Monitoring whether drug use and risk behaviours evolve over time can help policymakers implement interventions to minimize harms among PWID. Our primary objective was to investigate patterns of drug use, injection risk behaviours and harm reduction service utilizations among PWID in Iran in the last decade. A secondary objective was to evaluate factors associated with recent needle and/or syringe sharing.

Methods:

We explored data obtained from three national surveillance surveys among PWID recruiting 2546 individuals in 2010, 2399 in 2014, and 2684 in 2020 in Iran. Patterns of drug use, injection risk behaviours and harm reduction service utilization were identified and compared between years. We applied logistic regression models to evaluate factors associated with recent (last 3 months) needle and/or syringe sharing in 2020.

Results:

While heroin remains the most frequently used drug during the last decade, opium use has decreased, and methamphetamine use has increased among Iranian PWID (Figure 1). Recent needle and syringe sharing decreased from 25.0% in 2010 to 10.3% in 2014 and 3.9% in 2020. Current opioid agonist therapy and last-year needle and syringe uptake were respectively reported by 31.3% and 69.0% in 2010, 38.0% and 57.1% in 2014, and 25.3% and 87.8% in 2020. Last-year homelessness (adjusted odds ratio [aOR]: 2.1; 95% CI 1.1, 4.3; p= 0.033) and HCV sero positivity (aOR: 2.3; 95% CI 1.2, 4.3; p= 0.007) were significantly associated with recent needle and syringe sharing among PWID in 2020.

Conclusion:

Our data suggested a considerable shift from traditional use of opium to amphetamine-type drugs among PWID in Iran. Recent needle and syringe sharing has considerably decreased in the recent decade. However, higher levels of injection risk among marginalized PWID emphasize the need for interventions addressing structural barriers among this population.

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