

# ACCEPTABILITY OF LONG-ACTING INJECTABLE ANTIRETROVIRAL THERAPY AMONG PEOPLE LIVING WITH HIV WHO USE DRUGS AND SERVICE PROVIDERS

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## **Background:**

Long-acting injectable antiretroviral therapy (LAI-ART) is a novel method to deliver HIV treatment and the first regimen was approved in the United States (US) in 2021. LAI-ART may mitigate barriers to oral ART adherence, but little is known about LAI-ART perceptions among structurally vulnerable people living with HIV (PLWH), including people who use drugs. PLWH who use drugs experience greater barriers to long-term treatment retention and ART adherence and therefore may benefit from LAI-ART. We assessed perceptions of LAI-ART among PLWH who use drugs and service providers.

## **Methods:**

Qualitative data were collected from November 2021 to September 2022 in Rhode Island. Data include in-depth interviews with 15 PLWH who use drugs recruited from an HIV clinic and community-based organizations. Additionally, two focus groups were conducted with HIV healthcare providers (n=8) and ancillary service providers (e.g., harm reduction and housing outreach workers) (n=5) who work with PLWH who use drugs. Data were analyzed thematically, with attention paid to how levels of structural vulnerability and social-structural environments of participants' daily lives shaped their perceptions of LAI-ART and HIV care.

## **Results:**

LAI-ART perceptions were framed by participants' levels of structural vulnerability and experiences with ART. Willingness to consider LAI-ART was shaped by HIV outcomes (e.g., viral suppression) and previous experiences with oral regimens, with those on stable regimens reluctant to consider alternative treatments. However, LAI-ART was perceived as a treatment that could improve HIV outcomes for PLWH who use drugs, and enhance people's quality of life by reducing stress related to daily pill-taking. Recommendations for optimal implementation of LAI-ART varied across participants and included decentralized approaches to delivery to mitigate barriers.

## **Conclusion:**

HIV care delivery must consider the needs of people who use drugs. Developing patient-oriented and community-based delivery approaches to LAI-ART may address adherence challenges specific to PLWH who use drugs.

## **Disclosure of interest statement:**

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