

THREE DECADES OF HARM REDUCTION PROGRAMS IN A COUNTRY WITH LIBERAL DRUG POLICIES: FACTORS ASSOCIATED WITH ITS UPTAKE AMONG PEOPLE WHO INJECT DRUGS IN AMSTERDAM

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Background:

The Netherlands was one of the first countries to implement low-threshold harm-reduction programs (HRP) worldwide, probably contributing to declining HIV and hepatitis C virus incidence among people who inject drugs (PWID). We aimed to assess socio-demographic, drug-related and clinical factors associated with HRP-uptake in a setting with liberal drug policies and unrestricted access to HRP.

Methods:

Participants were included from the Amsterdam Cohort Studies among PWID (1985-2015). Data on injecting drug use (IDU), use of needle and syringe exchange programs (NSP) and opioid substitution therapy (OST) dosage were used to create a 5-category uptake variable: no HRP-uptake, incomplete HRP-uptake (<100% NSP and/or OST <60 mg), and complete HRP-uptake (100% NSP and OST ≥60mg) in current PWID; limited dependency (OST <60mg) and no dependency (no OST) in non-current PWID. Multinomial logistic regression with robust standard errors was used to assess associations of outcomes versus 'no HRP-uptake'.

Results:

We included 985 PWID with a median 18 study visits. Homeless PWID had significantly lower odds for complete HRP-uptake ($OR_{\text{complete}}=0.5$, 95%CI=0.4-0.8), limited dependency ($OR_{\text{limited}}=0.3$, 95%CI=0.2-0.5) and no dependency ($OR_{\text{no-dependency}}=0.4$, 95%CI=0.3-0.7) versus no HRP-uptake. Having a current PWID steady partner, versus no (PWID) partner, was negatively associated with limited and no dependency ($OR_{\text{limited}}=0.2$, 95%CI=0.1-0.4; $OR_{\text{no-dependency}}=0.1$, 95%CI=0.05-0.2), while positively associated with incomplete HRP-uptake ($OR_{\text{incomplete}}=2.1$, 95%CI=1.1-4.0). HIV-positive status was associated with incomplete and complete HRP-uptake ($OR_{\text{incomplete}}=1.9$, 95%CI=1.3-2.9; $OR_{\text{complete}}=3.8$, 95%CI=2.4-5.9). Older age and longer duration since IDU initiation were positively associated with complete HRP-uptake, limited and no dependency. Alcohol use was negatively associated with incomplete and complete HRP-uptake and with limited dependency.

Conclusion:

Homelessness and having a current PWID partner were the most consistent and strongest factors negatively associated with HRP uptake. Our findings could be used to target and tailor interventions for increasing HRP-uptake among PWID.

Disclosure of Interest Statement

No conflicts