

'Anything Could Happen': How Perceived HIV Risk Influences PrEP Initiation Among Women Who Inject Drugs in Philadelphia

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Background

- Nearly 6.5 million persons living in the US have injected drugs in their lifetime. Despite representing only 3% of the US population, people who inject drugs (PWID) represented 6% of new HIV infections in 2015 and 36% of AIDS deaths.
- There are important gender-based disparities among PWID. If incidence rates continue unchecked, 1:23 women who inject drugs (WWID) will acquire HIV in their lifetime compared to 1:36 men.
- Pre-exposure prophylaxis (PrEP) involves the daily use of antiretroviral medications by HIV negative individuals to reduce their risk of acquiring HIV.
- However, little is known about the factors that affect WWID's decision to initiate PrEP.

Objective

To explore WWID's decision-making process regarding PrEP initiation using the Health Belief Model as a heuristic for contextualizing their behavior.

Methods

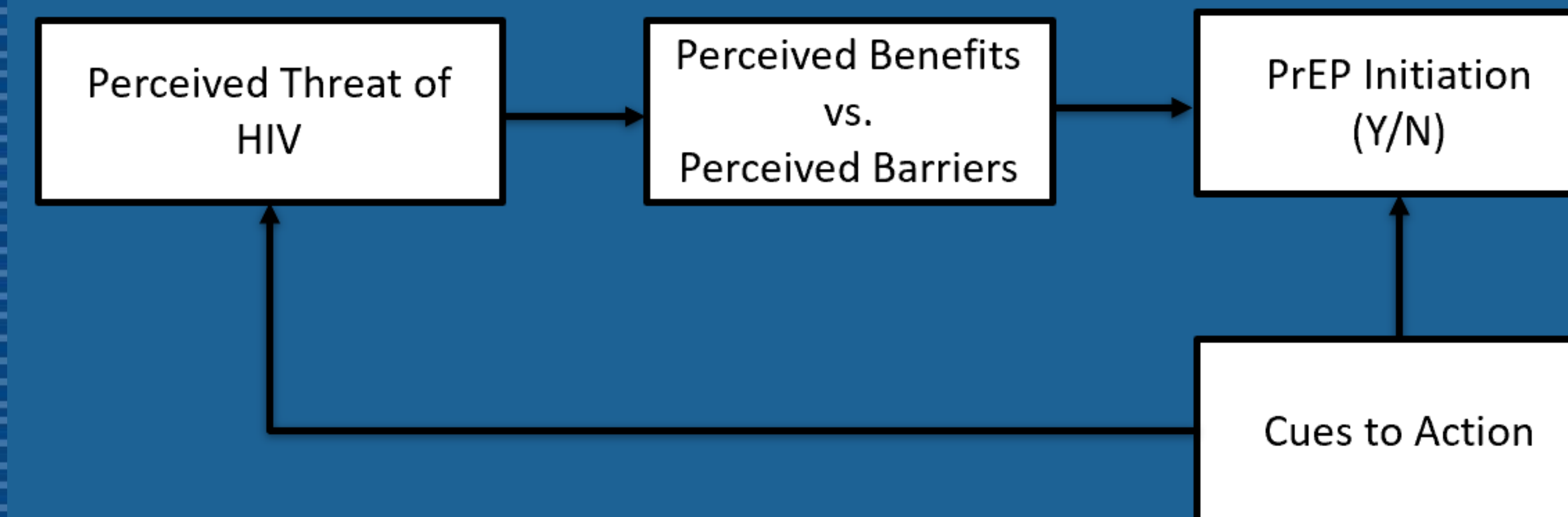
- Eligible participants were: ≥18 years old, biologically female, English-speakers, who report recent injection drug use and one other HIV risk factor (e.g., bacterial STI, syringe sharing), and were participating in an ongoing longitudinal PrEP implementation study (N=101).
- Between July 2018 - May 2019, we recruited a purposive sample of 23 WWID who declined PrEP (n=7) and chose to take a PrEP prescription (n=16).
- They completed a semi-structured interview assessing perceived HIV risk and perceived benefits and barriers of initiating PrEP.
- All interviews were audio-recorded and transcribed verbatim.
- Participants received \$20USD as compensation. Procedures were approved by the Drexel University IRB.
- Analysis
 - Content analysis included development and application of a priori and emergent codes by two researchers who reviewed and discussed code application across all transcripts.
 - In the final stage, exemplar quotes were selected to represent themes and self-selected pseudonyms were added.

Sample Description

- Median age: 37.5, interquartile range 34, 41
- Participants were predominantly white (72.2%)
- HIV risk behaviors, last 6 months:
 - Median injections daily: 5 (2, 6) & Syringe sharing: 23.8%
 - Transactional sex: 72.7%, Median sexual partners: 6 (2, 12), Inconsistent condom use: 81.8%
- Participants who tested positive for GC/CT: 27.3%
- HIV risk perception: 54.5% perceived they were extremely, very, or somewhat likely to get HIV

Results

Figure 1: Constructs of the Health Belief Model that Guide Decision to Initiate PrEP



Illustrative Quotes that Depict Domains

Perceived Threat of HIV

*Self-selected pseudonyms were used instead of participants real names.

Most participants felt they had low HIV risk related to behavior within their control (e.g., injection drug use & syringe sharing). However, almost all expressed high concern for HIV risk beyond their control such as risks from interpersonal violence or environmental exposure to HIV.

"[I'm] not very vulnerable [to getting HIV]. I'm pretty safe. I don't have sex with random people, and I do not share any type of supplies...I just think freak accidents happen, anything can happen...How about a rape, how about anything, like, you never know." -Nikki

"I do [think I'm at risk for HIV] because...first of all, you can get attacked at any given second, like, you don't see it coming...I didn't know that my girlfriend had HIV, I got poked with her needle...she put me at risk for it, so accidents happen." -Sunday

Perceived Benefits vs Barriers to PrEP Initiation

PrEP was perceived to be a highly beneficial HIV prevention tool due to its effectiveness which decreased HIV-related worrying.

"The main thing is [PrEP] prevents HIV...and gives security. Being an IV user, and [engaging in transactional sex], sometimes, yeah, [HIV] is always on my mind." -Rachel

"Like how they got a safe haven place, [PrEP is] like a safe haven med...In case anything happens, at least...I really don't have to worry about as much. -Shy

Accessing PrEP at the SEP decreased structural barriers that may have otherwise prevented PrEP uptake.

"It's just very easy [getting PrEP at SEP]. I come here anyway...I'm already comfortable here. I trust the staff." -Adrianna

Illustrative Quotes cont'd

Perceived Benefits vs Barriers to PrEP Initiation

For those who did not initiate PrEP, important barriers including side effects and stigma motivated that decision.

"I didn't take PrEP because of I was worried about the stomach side effects... I'm already having a lot of stomach problems so I didn't want to put that on top of it." -Anonymous

"[I didn't take a prescription because] I was scared that maybe if someone had seen that prescription name...they would put a label on it... Some people might think that that's just the pill because you have HIV." -Butterz

Cues to Action

Study procedures served as cues to action by increasing participants' perceived HIV risk and the salience of PrEP as a relevant HIV prevention tool.

"[The positive STI result] was what changed my mind...I was thinking like that happened to me it could happen again you never know. And next time it could be HIV instead of an STD." - Tina

"I saw a flyer for [PrEP] at [HIV testing center]...I actually forgot about [PrEP]. And then I heard about the [Project SHE] study and then I was like, 'Oh my god, I can really get this?' Like, 'That's awesome!'" -Adrianna

Conclusions

- Despite viewing PrEP as an important HIV prevention tool, especially for sources of risk beyond their control, not all WWID who were offered PrEP initiated it.
- For WWID who declined PrEP, the barriers associated with PrEP outweighed the benefits and prevented initiation.
- For women declining PrEP, supports to buffer perceived barriers to initiation and access to post-exposure prophylaxis may be warranted.
- For women who initiate, it is possible that adherence will wane if perceived risk does not remain high. Research to assess PrEP adherence among WWID is needed.

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