

## INJECTION OF PRESCRIPTION OPIOIDS: A MATTER OF CONCERN FOR HCV PREVENTION

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**Background:** Studies have shown that prescription opioid (PO) injection increases the risk of HCV transmission. To improve the capacity of harm reduction programs (HRP) to meet the needs of PWID, this study aimed to characterize PO injectors.

**Methods:** PWID are participants of an ongoing surveillance system of HIV and HCV infections in Eastern Canada. PWID are recruited in 3 urban and 6 semi-urban/rural sites, mainly in HRP. Each visit includes a structured interview addressing drug use behaviors. Correlates of PO injection were analysed using data collected at all visits (February 14, 2011 - March 31<sup>st</sup>, 2016). GEE bivariate and multivariate analyses were carried out separately for each of the following sets of variables: socio-demographics, types of drugs used, and injection risk behaviors. Significant variables within each set analyses were then considered in a backward stepwise model with a p-value  $\leq 0.05$  to be kept in the final model. Prevalence ratios were estimated using robust Poisson regression.

**Results:** Overall 2900 participants (76.3% males: 89.2%  $\geq 25$  years old) contributed 4807 visits during the study period. At baseline, 63.9% had injected PO in the previous 6 months. Correlates of PO injection were: age  $< 25$  years [adjusted prevalence ratio 1.07 (95% Confidence Interval 1.01-1.13)]; ethnic group other than Caucasian/Aboriginal [0.75 (0.61-0.94)]; other regions of recruitment versus Montreal/South Shore [1.26 (1.18-1.33)]; homelessness [1.10 (1.04-1.16)]; street economy type of income [1.06 (1.01-1.11)]; injecting crack/cocaine [0.62 (0.60-0.65)]; using heroin [1.23 (1.17-1.29)]; using stimulants other than cocaine [1.11 (1.06-1.16)]; using benzodiazepines [1.16 (1.11-1.21)]; injecting  $\geq 120$  times last month [1.31 (1.25-1.38)]; sharing injection material [1.05 (1.00-1.10)]; injecting drug residue [1.59 (1.49-1.70)].

**Conclusion:** PO injection is characteristic of certain social groups defined by age, regions and ethnicity. Polysubstance use, frequent injection and injection risk behaviors, more frequent among PO injectors, pose major challenges for HRP.