Preliminary findings of the National HIV Behavioral Surveillance, June-December 2022 survey:

People Who Inject Drugs in San Francisco – Comparison of 2018 to 2022 data

Health Commission, February, 2023

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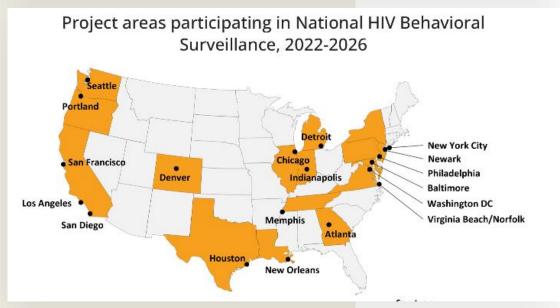












National HIV Behavioral Surveillance (NHBS)

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• Population-based surveys of HIV prevalence

MSM (2021, 2020, 2017, 2011, 2007, 2003)

PWID (2022, 2018, 2015, 2012, 2009, 2005)

Het (2019, 2016, 2013, 2010, 2006)

Women who engage in sex work (2024)

Trans women (2023, 2020)

Results: Demographics characteristics of PWID sampled, 2018 vs. 2022

Characteristics	NHBS 2018 N=462 (%)	NHBS 2022 N=527 (%)
Gender Male Female Trans women, men, non-binary	310 (67.8) 137 (30.0) 10 (2.2)	357 (67.7) 157 (29.8) 13 (2.5)
Age group 18-29	51 (11.0)	25 (4.7)
30-39 40-49 50+	109 (23.6) 111 (24.0)	109 (20.7) 146 (27.7)
Race/Ethnicity Black/African American, non-Hispanic	191 (41.3) 87 (19.1)	247 (46.9) 166 (31.8)
White, non-Hispanic Hispanic	210 (46.1) 73 (16.0)	246 (47.1) 63 (12.1)
Other racial, non-Hispanic Multiracial, non-Hispanic	20 (4.4) 66 (14.5)	15 (2.9) 32 (6.1)

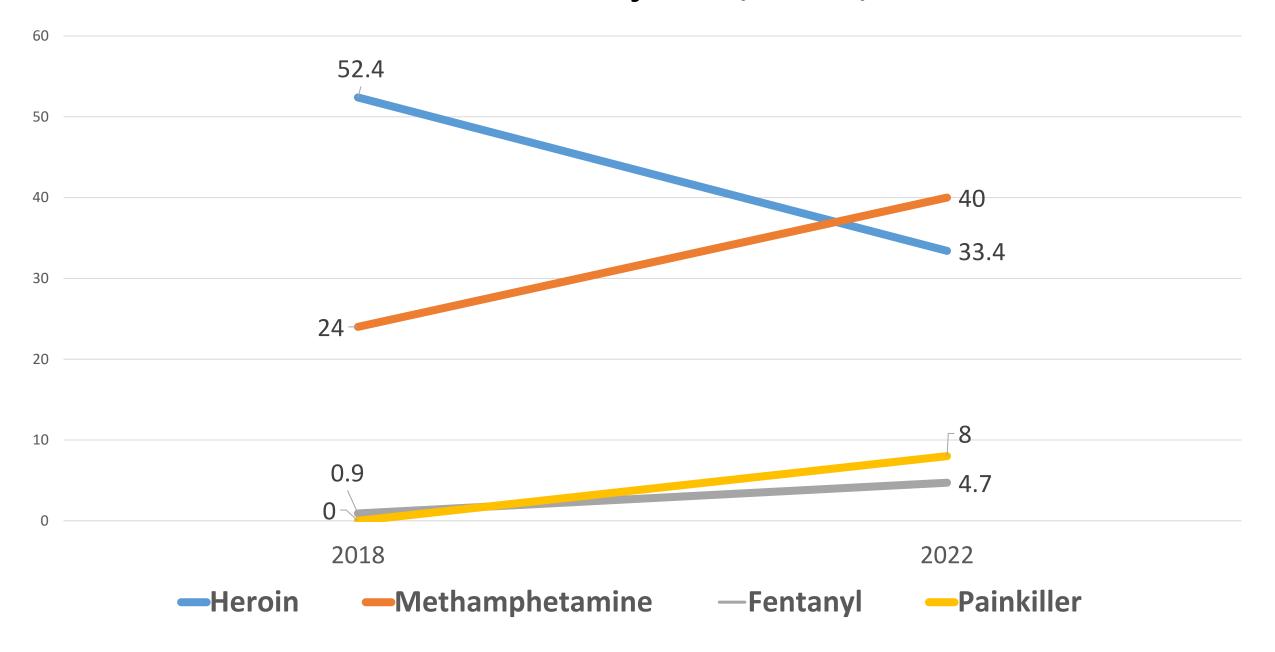
Results: Demographics characteristics of PWID sampled, 2018 vs. 2022

Characteristics	NHBS 2018 N=462 (%)	NHBS 2022 N=527 (%)
Zip code		
94102 Tenderloin and SOMA	171 (37.3)	200 (38.5)
94103	141 (30.7)	151 (29.0)
94109	25 (5.5)	60 (11.5)
94110	28 (6.1)	15 (2.9)
94115	6 (1.3)	12 (2.3)
94117	29 (6.3)	6 (1.2)
94124	12 (2.6)	24 (4.6)
Other	47 (10.2)	52 (10.0)
Years they have resided in San Francisco	-	Median = 20 years
Currently homeless	358 (77.5)	351 (66.6)
Incarcerated, past 12 months	135 (29.2)	107 (21.0)

Results: Access to healthcare and insurance, PWID, 2018 vs 2022

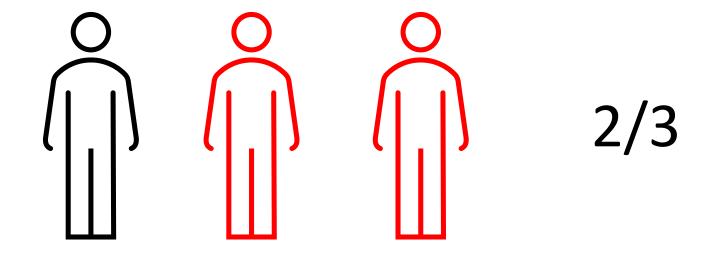
Access to health	NHBS 2018 N=462 (%)	NHBS 2022 N=527 (%)
Health insurance	427 (93.4)	484 (92.2)
Type of insurance		
No insurance	35 (7.6)	43 (8.2)
Private	6 (1.3)	10 (1.9)
Medicaid or Medical only	293 (63.4)	394 (74.8)
Medicare only	27 (5.8)	23 (4.4)
Dual	42 (9.1)	19 (3.6)
Government	55 (11.9)	29 (5.5)
Have usual source of care	403 (87.2)	415 (78.8)
Lacked health care due to cost	70 (15.2)	78 (14.9)

Results: Substance most often injected, PWID, NHBS 2018 vs 2022



Results: Fentanyl use (any), NHBS 2022 (local questions for SF)

Fentanyl use	NHBS 2018 N=462 (%)	NHBS 2022 N=524 (%)
Fentanyl use, past 12 months	NA	319 (60.9)
Unintended fentanyl use	NA	62 (11.8)
Use fentanyl test strip, past 12 months	206 (44.6)	241 (46.0)

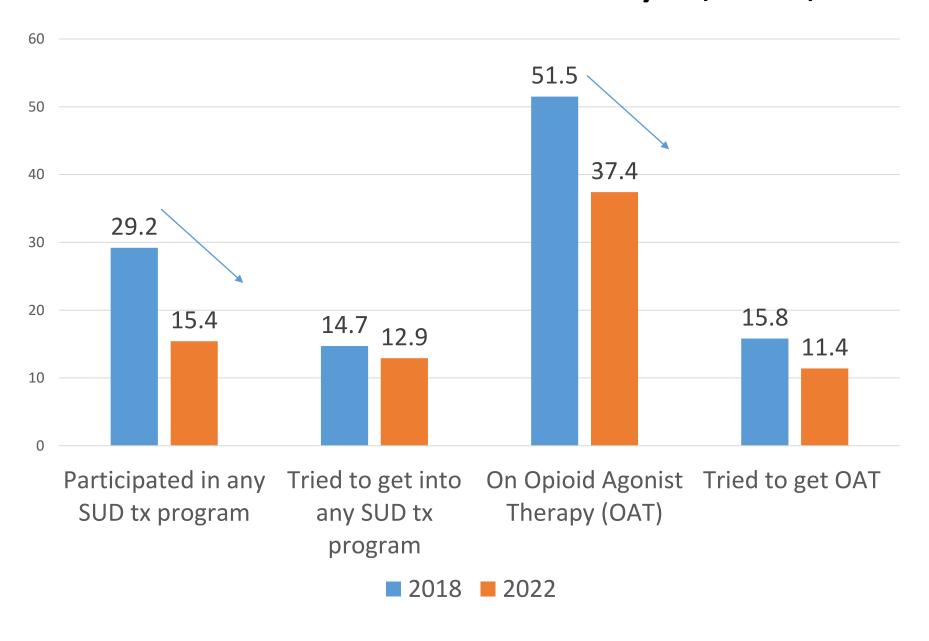


Results: Overdose observations and overdose, PWID, 2018 vs 2022 (local)

Drug overdose witnessing and training	NHBS 2018 N=462 (%)	NHBS 2022 N=524 (%)
Average number of times seeing someone overdose in the past year	~1 per month 11.6 (31.3)	~2 per month 26.7 (61.1)
Ever taken part in a training on how to help someone survive an overdose	285 (61.7)	314 (59.9)

Overdose (self)		NHBS 2022 N=524 (%)
Overdose past 12 months	NA	120 (22.9)
Overdose on heroin or painkillers	112 (24.2)	86. (16.3)

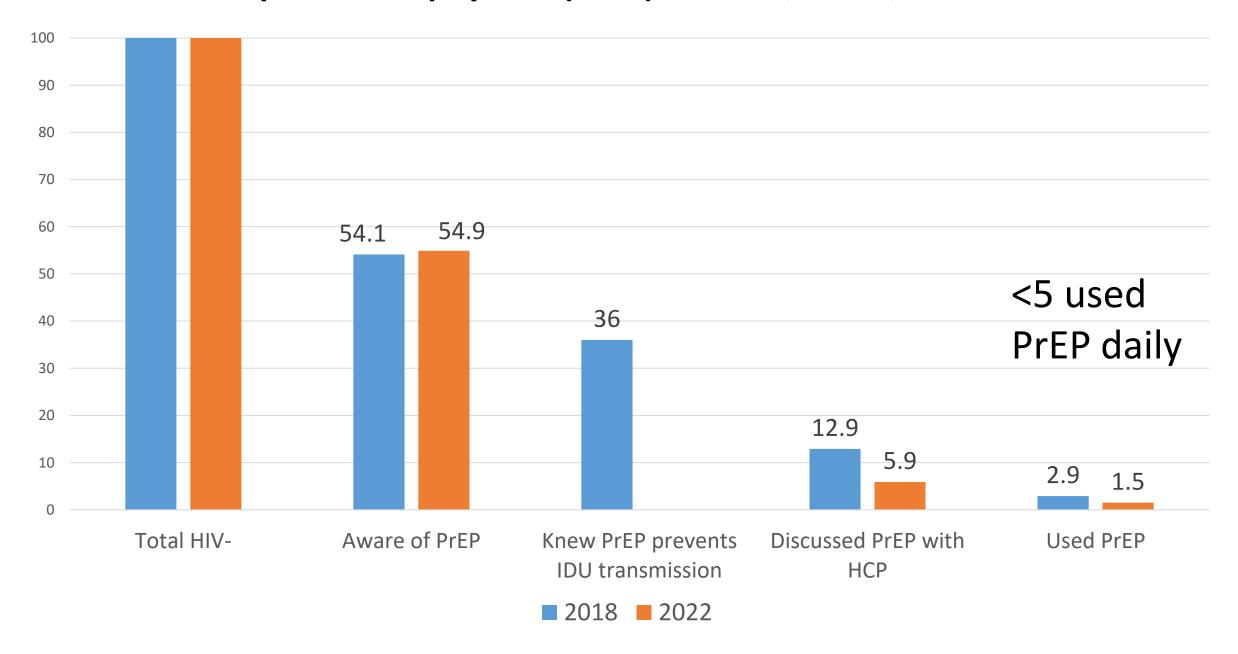
Results: Substance use treatment utilization in last year, PWID, 2018 vs 2022



Results: Stigma and discrimination towards people who inject drugs, PWID, 2022 (local)

Stigma and discrimination	NHBS 2018 N=462 (%)	NHBS 2022 N=524 (%)
Felt discriminated against when seeking health care or other services towards injection drug use behavior	NA	281 (53.6)
Delayed or avoided seeking health care or other services due to stigma towards injection drug use behavior	NA	286 (54.6)

Results: Pre-Exposure Prophylaxis (PrEP) cascade, PWID, 2018 vs 2022



Results: HIV testing, PWID, 2018 vs 2022

HIV test	NHBS 2018 N=462 (%)	N=527 (%)
TESTING - HIV test, past 12 months	308 (73.3)	208 (43.4)
Reasons not tested for HIV in the past 12 months	NHBS 2018	NHBS 2022
You think you are at low risk for HIV infection	36 (9.05)	62 (35.03)
You were afraid of finding out that you had HIV	12 (3.02)	19 (10.73)
You didn't have time	8 (2.01)	6 (3.39)
Some other reason	8 (2.01)	9 (5.08)
No particular reason	45 (11.31)	81 (45.76)

- Other reasons not HIV tested in the past 12 months in 2018 were afraid of going to doctors, inconvenience, "felt lazy"
- Some other reasons not tested in the past 12 months in 2022 were COVID-19 pandemic, procrastination, lack of motivation or mental ability to get tested, incarcerated

Results: HIV prevalence, PWID, 2018 vs 2022

HIV prevalence	NHBS 2018 N=462 (%)	NHBS 2022 N=523 (%)
Total HIV+ Known HIV+	51 (11.0) 42 (82.4)	56 (10.7) 44 (78.6)
New HIV+	9 (17.7)	12 (21.4)

- Stable HIV prevalence at ~11% (1 in 9)
 - Consistent with HIV case-based surveillance
- Increasing new HIV infections

HIV testing success and challenges

Successes

- San Franciscans who may be using services and are in our systems are being tested for HIV
 - Homelessness, incarceration and having a health care visit in the past year were associated with HIV testing

Challenges

 Black/African American women were significantly less likely than people of other genders and race/ethnicities to have been HIV tested in the last year or to know about PrEP

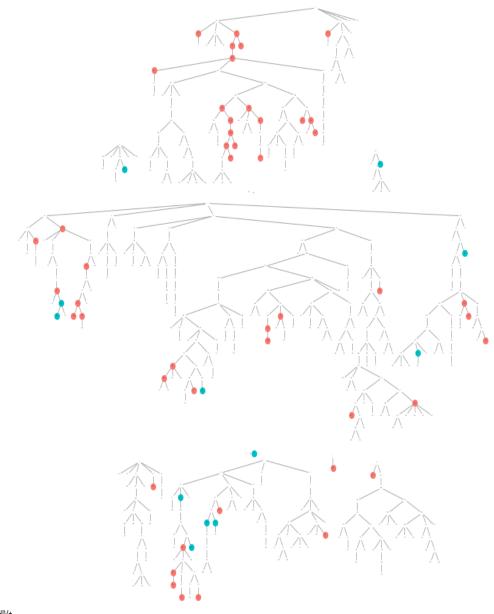
12 people newly tested positive for HIV in 2022 NHBS

33% increase in # of people who newly tested positive

In 2022 there were 12 people who newly tested positive compared to only 9 in 2018

Demographic characteristics of new HIV diagnoses:

- Half are 50+ y/o.
- 5 of 12 are Black/African American
- Half identified as women (non-trans)
- Almost all identified as heterosexual
- More than half are currently homeless



Observations from field staff on participants who newly tested HIV positive

Most were shocked at getting a reactive test result

- Surprise makes sense given participants were not seeking HIV testing
- Consistent with the literature on mobile HIV testing (i.e., opportunistic testing)

Low HIV knowledge, exposure risks

- Low selfperception of risk
- Low HIV
 prevention and treatment
 knowledge
- Not knowing someone who is healthy and living with HIV

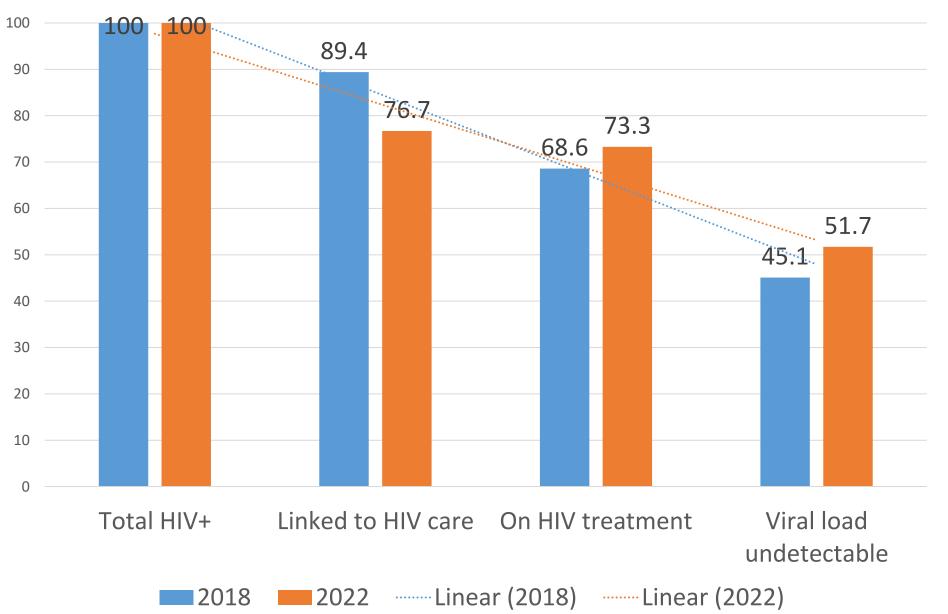
High internalized intersectional stigma

- Concerns about disclosure and relationships
- Concerns on how status affects housing (most are unhoused, or unstably housed)

Low willingness to be linked to HIV care

- Tried multiple options for linkage
- Challenge when wish to remain anonymous

Results: HIV care cascade, PWID, 2018 vs 2022



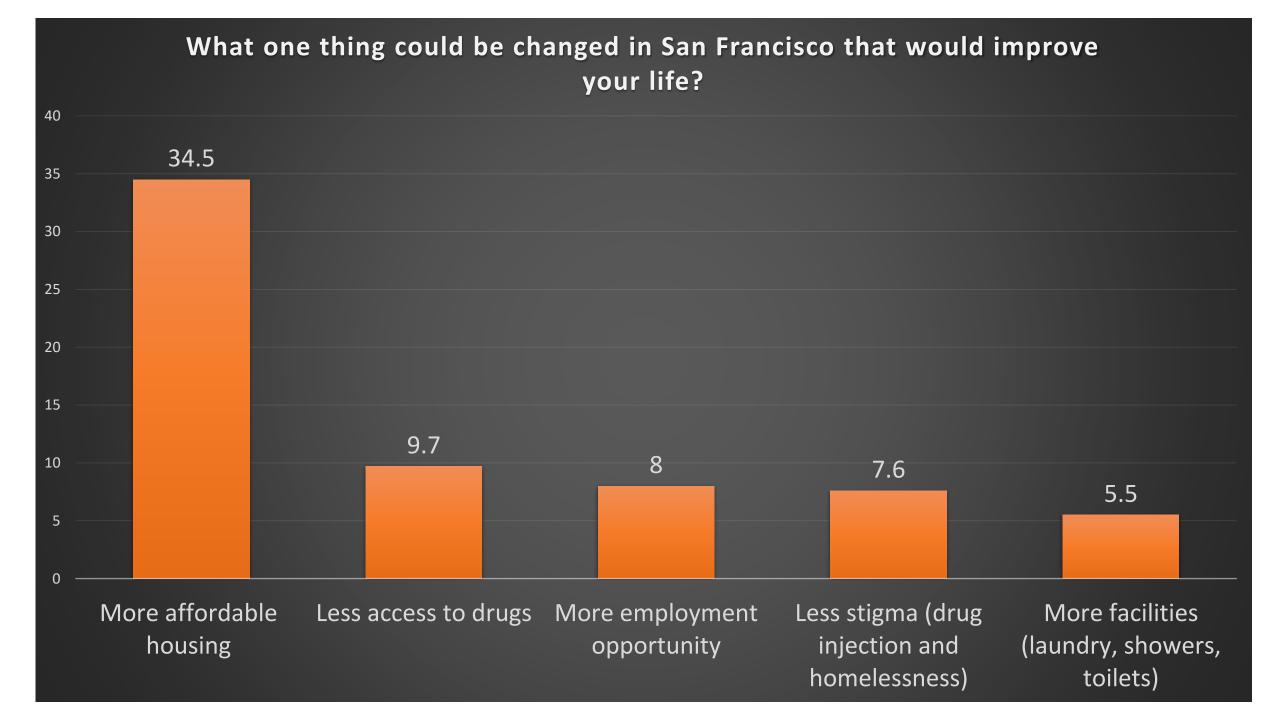
95-95-95

targets

1st 95: 76.7

2nd 95: 95.7

3rd 95: 70.5



HIV-related interventions needs in PWID population

Housing is priority for folks in PWID population

• Meet overwhelming priority of housing needs among PWID

Address HIV prevention **Disparities**

 Focus on better reaching and engaging Black/African American women who inject drugs for HIV testing and PrEP

HIV testing, education, outreach

- HIV testing among PWID decreased by 33% since 2018
- High number previously undiagnosed in NHBS
- First 95 target not met
- Need for more HIV testing out in the community

PrEP awareness, demand, and uptake

- PWID population-centered strategies to improve PrEP demand and uptake (e.g., pair with substance use treatment, integration with syringe exchange)
- Test interventions for LA-PrEP

Stigma reduction in health care and service settings

• 50% experienced discrimination or stigma in a healthcare setting

Methamphetamine treatment and harm reduction

• Need to address increase in meth use and offer treatment optoins

Thank you, Next Steps & Dissemination

- NHBS San Francisco Team
 - PI Willi McFarland
 - Project Coordinator -Moranda Tate
 - Research Associates Danyion Reagan, Raul Ruiz, KC McNaughten, Kassandra Miller
- Members of the community who generously gave to this study so we can be here to report back to you

National Institute of Allergy & Infectious Diseases award

- BLISS Brief Longitudinal Incident Sentinel Surveillance cohort study of PWID in SF and Alameda County
- Opportunities for measuring real time risks and offering more HIV testing
- Will be applying for supplemental interventions building on NHBS PWID cycle data

Dissemination to Date

- January 2023
 - UCSF Drug Use Research Group
 - HIV Working Group
- February 2023
 - Overdose Prevention Group
 - Treatment on Demand Coalition
 - Getting to Zero PrEP group
 - Briefing to Supervisor Mandelman upcoming
- March 2023
 - Conference on Retroviruses and Opportunistic Infections (CROI)
 - Biomedical Prevention Conference (submitted)

