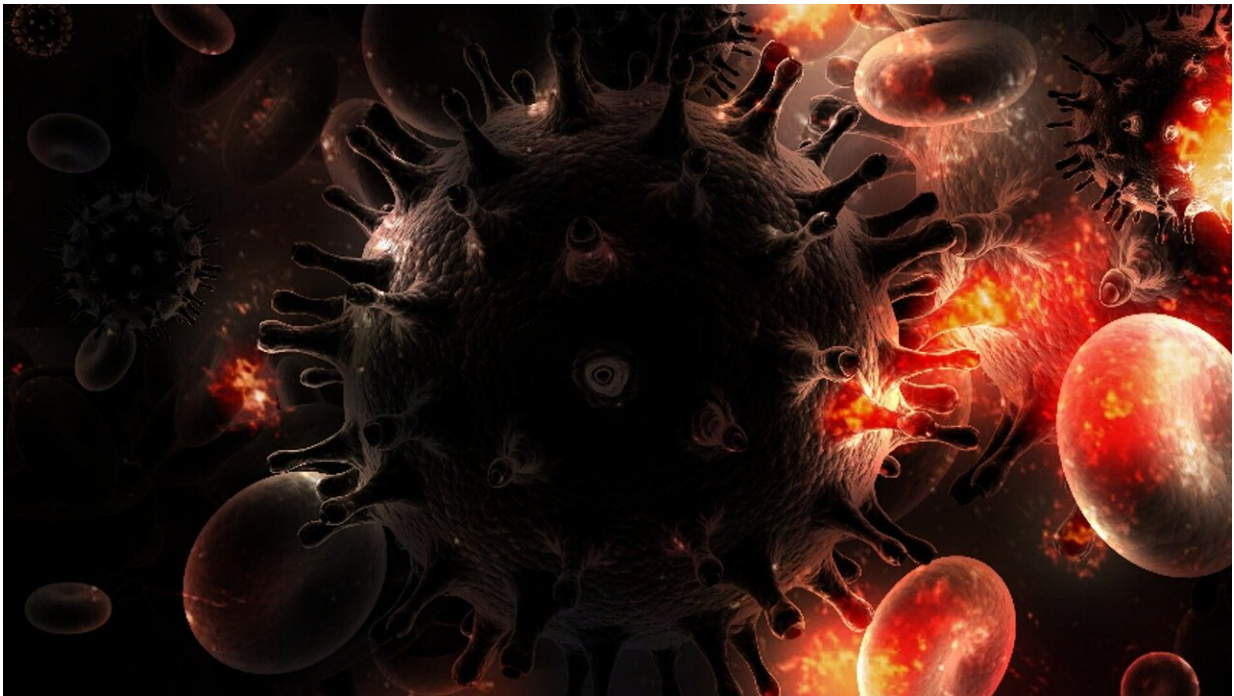


Homelessness associated with increased HIV and HCV risk among people who inject drugs

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Homelessness and unstable housing are associated with a substantial increase in HIV and hepatitis C virus (HCV) acquisition risk among people who inject drugs, according to research led by the NIHR Health Protection Research Unit in Behavioral Science and Evaluation at the University of Bristol.

The study, published in *The Lancet Public Health* today [26 March] found that, among people who inject drugs, recent homelessness and unstable housing were associated with a 55 percent and 65 percent increase in HIV and HCV acquisition risk, respectively.

The study is the first systematic review and meta-analysis (a statistical method used to combine the results of multiple studies) to assess whether homelessness or unstable housing increases HIV or HCV risk among people who inject drugs. The researchers extracted and pooled data from 45 previous studies providing 70 estimates (26 for HIV and 44 for HCV) to work out a more robust measure of the risks.

Globally, there are an estimated 15.6 million people who inject drugs; over one in six are infected with HIV and over half have been infected with HCV. People who inject drugs are at high risk of HIV and HCV infection through the sharing of needles, syringes and other injecting equipment and experience high levels of homelessness and unstable housing.

Globally, an estimated 22 percent of people who inject drugs reported experiencing homelessness or unstable housing in the past year, with this increasing to 42 percent in England (having increased from 28 percent in the last decade), and 50 percent in North America.

A [high proportion](#) of people in unstable housing have substance misuse problems, with 30 percent reporting they used heroin in the last month in the UK, highlighting the overlapping risks of [drug](#) use and homelessness.

Previous research also suggests that [homeless](#) or unstably housed drug users are less likely to access HIV and HCV treatment and use opioid substitution therapy and needle-syringe programs, two important HIV and HCV prevention interventions. They may also be more likely to engage in high-risk injecting and sexual behaviours and more likely to

have been recently imprisoned, another factor associated with increased HIV and HCV acquisition risk.

Chiedozie Arum, lead author from the University of Bristol, said: "Our study highlights the overlapping bio-social problems that worsen [health](#) inequalities among [homeless people](#) who inject drugs. Expanding access to prevention and treatment services and improving housing provision for this population should be prioritized."

Dr. Jack Stone, Senior Research Associate from the University of Bristol and joint senior author, said: "Our findings suggest housing instability is an important driver of HIV and HCV transmission among people who inject drugs. Further research is now needed to better understand how homelessness or unstable housing increases the risk of HIV and HCV acquisition, and what interventions could have most impact in reducing this risk."

Peter Vickerman, Professor of Infectious Disease Modelling from the University of Bristol and joint senior author, said "This research adds to the growing evidence on the damaging effect of housing instability on health and social outcomes. A comprehensive policy approach that not only provides housing but also addresses many of the interlinked health and social concerns of this population is necessary in order to reduce HIV and HCV risk."

The study has important implications for policy and public health, including:

- the need for housing interventions tailored to people who inject drugs that address their competing health and social concerns
- the need for improved access to HIV and HCV prevention and treatment interventions among those who are homeless or unstably housed

- the need for these interventions to be integrated within services that provide for the wide ranging health needs of these vulnerable populations
- the need to reduce stigma towards homelessness and drug use that act as barriers to accessing care.

The authors note that, in response to the ongoing COVID-19 pandemic, many countries rapidly escalated their efforts to provide safe and secure [housing](#) to homeless or unstably housed individuals, showing that dramatic, if only temporary, changes are possible if there is the political will. This paper supports the need to continue these initiatives after the COVID-19 pandemic.

More information: Chiedozie Arum et al. Homelessness, unstable housing, and risk of HIV and hepatitis C virus acquisition among people who inject drugs: a systematic review and meta-analysis, *The Lancet Public Health* (2021). [DOI: 10.1016/S2468-2667\(21\)00013-X](https://doi.org/10.1016/S2468-2667(21)00013-X)

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