

**Epidemiology and Public Health Sciences Oral Abstract Session / Épidémiologie et sciences de la santé
publique présentation orale d'abrévés**

Theme: HIV, comorbidities and other factors / Thème : Le VIH, comorbidités et d'autres facteurs

Abstract #298

Investigating intersectional inequalities of gender, age, and race in cannabis use among Ontarians living with HIV: the Ontario HIV Treatment Network Cohort Study.

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Background: Cannabis use among people living with HIV is common. Our aim was to understand intersectional inequalities related to cannabis use frequency and daily use prevalence by gender, age, and race among Ontarians living with HIV.

Methods: We used cross-sectional data from 5,342 participants of the Ontario HIV Treatment Network Cohort Study, a clinical HIV cohort, to examine the additive interaction effects between gender, age, and race on the frequency of cannabis use per week and the prevalence of daily use in the past month. We included data from participants' first visit between 2008 and 2023 and conducted a Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA) focusing on gender (man, woman, other), age (16-25, 26-50, 51+) and race (white, black, other) resulting in 27 intersecting strata.

Results: The majority of participants were men (76%), 26-50 years old (58%), and white (56%). We found that the 27 strata accounted for 7% and 17% of the inequality in cannabis use frequency and prevalence of daily use, respectively. Most of the explained inequalities are accounted for by the additive effects of gender, age, and race (85% for frequency of cannabis use and 88% for daily use). In other words, there was little evidence of interactions between these variables. Both cannabis use frequency and daily use tend to be higher for men, youth and whites. For example, for daily use: men (OR=1.66, 95%CI 1.10-2.52), age 31-50 (OR=0.51, 95%CI 0.32-0.81), age 51+ (OR=0.45, 95%CI 0.28-0.73), white (OR=1.71, 95%CI 1.10-2.65), black (OR=0.42, 95%CI 0.25-0.70).

Conclusion: The additive effects of gender, age and race on inequalities in cannabis use are predominant. Further research exploring the role of these and other intersecting identities (e.g., sexual orientation, immigration status) and their role in cannabis use prevalence/frequency may help direct interventions to promote healthy cannabis use.