

Substance Use Treatment Utilization Among Community-Supervised Individuals at Risk for HIV

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A. Nothing to disclose

Introduction

- Individuals under community supervision (e.g., probation, parole) face heightened risk of HIV transmission.
- This risk is compounded by the elevated prevalence of substance use within this population.
- Access to substance use treatment (SUT), particularly medications for opioid use disorder (MOUD), can mitigate substance use, reduce recidivism, and facilitate access to HIV-related medical care.
- The present study examined SUT utilization among community-supervised individuals at risk for HIV reporting illicit substance use.
- Associations between treatment receipt and demographic characteristics were also examined.

Methods

- Data were drawn from the Southern Pre-Exposure Prophylaxis Study (SPECS).
- Eligible participants were 18 years or older, recently placed on community supervision, HIV-negative, and eligible for pre-exposure prophylaxis (PrEP) due to high HIV risk.
- This study focused on SPECS participants reporting past or present illicit substance use (ISU; N=345) and those specifically reporting illicit opioid use (IOU; n=210).
- Bivariate and multivariate analyses, adjusting for study site and injection drug use, were conducted to examine associations between demographic characteristics and SUT receipt.
- Analyses were estimated using prevalence ratios (PRs) and 95% confidence intervals (CI) from log-binomial models.

Results

- The mean age of ISU and IOU participants was 36.1 (SD=10.8) and 35.8 (SD=10.3). Most identified as male (ISU: 73.3%, IOU: 67.1%), heterosexual (ISU: 85.8%, IOU: 81.0%), and White (ISU: 38.8%, IOU: 59.0%).
- The most common SUTs received were inpatient care (ISU: 70.8%, IOU: 72.3%), Narcotics Anonymous (ISU: 45.1%, IOU: 47.1%) and detoxification programs (ISU: 42.6%, IOU: 47.1%).
- 37.8% of IOU participants received MOUD.

Results (continued)

- **Over half of participants with a history of illicit substance use (58.5%) and nearly three-fourths of those reporting illicit opioid use (73.8%) had received substance use treatment.**
- **Low receipt of treatment, especially MOUD, among Black vs. White non-Hispanic/Latinx individuals suggests potential barriers to accessing evidence-based pharmacological treatment among individuals under community supervision at risk for HIV.**

Figure 1. Prevalence ratios of treatment receipt among participants with a history of illicit substance use, adjusting for study site and intravenous drug use (N = 345)

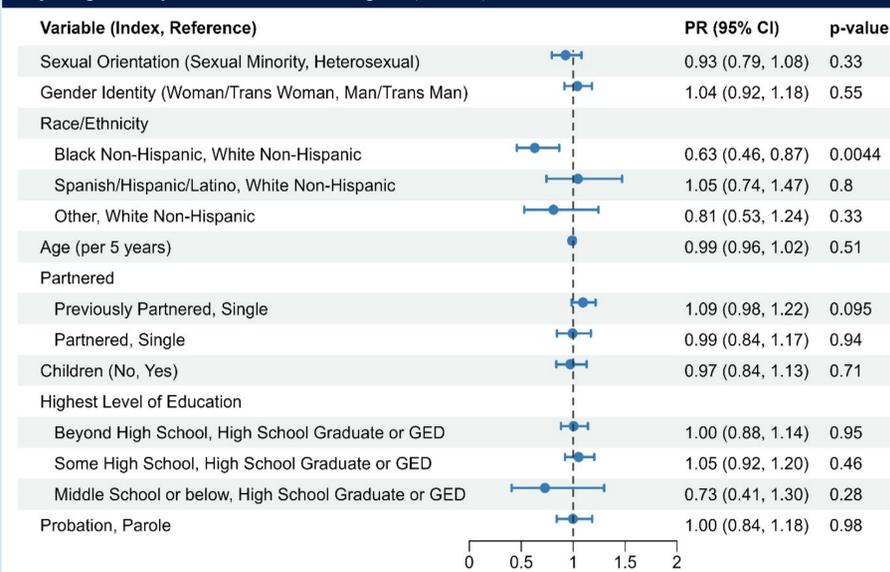


Table 1. Characteristics of treatment-receiving participants with a history of illicit opioid use (n = 155)

	MOUD		Total (n = 155)
	Yes (n = 59)	No (n = 96)	
Age (years)			
Mean (SD)	36.1 (8.2)	36.3 (9.5)	36.2 (9.0)
Race/Ethnicity			
White Non-Hispanic/Latinx	53 (50.5%)	52 (49.5%)	105 (67.7%)
Black Non-Hispanic/Latinx	3 (14.3%)	18 (85.7%)	21 (13.5%)
Hispanic/Latinx	1 (4.3%)	22 (95.7%)	23 (14.8%)
Other	2 (33.3%)	4 (66.7%)	6 (03.9%)
Gender Identity			
Man	33 (33.0%)	67 (67.0%)	100 (64.5%)
Trans man/woman	2 (100.0%)	0 (0.0%)	1 (0.12%)
Woman	24 (45.3%)	29 (54.7%)	53 (34.2%)
Sexual Orientation			
LGBTQI	15 (48.4%)	16 (51.6%)	31 (20.0%)
Heterosexual	44 (35.5%)	80 (64.5%)	124 (80.0%)

^a n (row %)
^b n (column %)

Conclusion

- **Study findings underscore the need for targeted efforts to promote MOUD adoption among community-supervised individuals—particularly racially minoritized populations.**

References

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