Title:

PWID in San Diego, CA used more

SUT after the ACA compared to before. This increase in SUT was

independent of the increase in

insurance coverage. Structural

changes from the ACA may have led uninsured PWID to use SUT.

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Affordable Care Act’s Impact on Substance-Use Treatment in People Who Inject Drugs

CONCLUSIONS

• Among PWID in San Diego, CA, there was an increase in
both SUT use and insurance coverage after the ACA
compared to before.
• The increase in SUT was not entirely explained by the
increase in insurance coverage.
• The ACA may have led to structural changes that made it
possible for uninsured PWID to use SUT.

Overall, our findings may indicate that the ACA was a
successful policy for increasing the use of SUT among PWID
and a step towards improved access to health services for
this vulnerable population.

Surprisingly, the increase in SUT was not explained entirely
by an increase in insurance coverage. One possible
explanation is that those who were uninsured after the ACA
and used SUT might have been affected by the ACA through
the creation of more federally qualified health centers, by
bringing health professionals to underserved areas, and by
reducing costs for mental health and alcohol screenings.

The changes in SUT services after the ACA included
addressing the whole persons’ wellness through regular
screening and monitoring in primary care settings, using
coordinated electronic health records, improved access to
medication assisted-therapies, and improved quality based
on performance and outcomes measurement.
Future studies should examine whether and how structural
changes resulting from the ACA, other than increasing
access to insurance, could have impacted SUT use among
PWID.

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ADDITIONAL KEY INFORMATION

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RESULTS

• 11.8% increase in use of SUT (40.6% pre-ACA [n=69] vs. 52.4% post-ACA [n=89]).
• 10.6% increase in health insurance coverage (70.6% pre-ACA [n=120] vs. 81.2% post-ACA [n=138]).
• For PWID, the rate of SUT increased by almost 50% after the implementation of the ACA.
• The increase in SUT was independent of insurance.

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BACKGROUND

Substance use treatment (SUT) for people who inject drugs (PWID) can reduce the risk of infectious disease transmission, yet the lack of health insurance that cover these services is a major barrier. Provisions in the Affordable Care Act (ACA) were expected to increase the use of SUT in PWID by increasing access to health insurance. We sought to assess whether the ACA changed the use of SUT among PWID?

METHODS

● In order to assess the association between the ACA and SUT, we analyzed data from the STAHR II study, a
longitudinal cohort of 576 PWID in San Diego, CA.
● We included PWID with at least 3 assessments (baseline, pre-ACA visit, and post-ACA visit) spanning the ACA
implementation (January 1, 2014).
● We excluded assessments that were indeterminate if they were before or after the ACA implementation date (i.e.
past 6 months use of SUT on March 1, 2014).

Among 170 participants, we described changes in the
proportions of PWID that used SUT or had insurance. We
also used multivariable logistic regression with generalized
estimating equations to assess the association between the
ACA (main exposure of interest) and SUT (dependent
variable), adjusting for baseline demographics and perceived
need for SUT, as well as insurance status as a time-varying
covariate.