NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION

# Unmet Need for Medication-Assisted Treatment among Persons Who Inject Drugs

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## BACKGROUND

- Persons who inject drugs (PWID) are at increased risk of HIV and hepatitis C virus (HCV) infections and premature mortality due to drug overdose.
- Medication-assisted treatment (MAT) reduces high-risk injecting behaviors and HIV and HCV transmission[1,2], and mortality from opioid overdose among PWID with opioid use disorder (Figure 1).[3]
- Using data collected in 2018 from National HIV Behavioral Surveillance (NHBS), we evaluated self-reported unmet need for MAT among PWID in 23 metropolitan statistical areas (MSA) in U.S.

## METHODS

- PWID who injected drugs in the past 12 months were recruited using respondent-driven sampling and interviewed.
- The analysis was limited to PWID who were 18 years or older, and reported opioid use (including heroin) in the past 12 months.
- Unmet need for MAT was measured by asking participants if they tried to get methadone or buprenorphine to treat drug use but were unable to in the past 12 months.
- We used log-linked Poisson regression with generalized estimating equations to examine the association between self-reported unmet need for MAT and high-risk injecting practices and nonfatal opioid overdose.
- Models were adjusted for complex survey design and for confounding for age, race/ethnicity, MSA of residence, peer network size, current homelessness, having health insurance and being enrolled in MAT in the past 12 months; we obtained adjusted prevalence ratios (aPR) and 95% confidence intervals (CI).

## RESULTS

- Of 10,965 PWID who reported opioid use in the past 12 months, 30% were female, and the median age was 44 years.
- In total, 28% of PWID reported unmet need for MAT in the past 12 months (MSA range: 18-36%; Figure 3), and 82% of those reported visiting a health care provider (HCP) in the previous year.
- After adjusting for confounding, PWID who reported unmet need for MAT in the past 12 months were more likely to report:
  - injecting more than once a day (aPR 1.09, 95% CI: 1.07-1.12),
  - receptive sharing of syringes (aPR 1.11, 95% CI: 1.04-1.19),
  - opioid overdose (aPR 1.33, 95% CI: 1.24-1.43) in the past 12 months (Figure 2).

## LIMITATIONS

- NHBS is not a nationally representative sample, so results may not be generalizable to all MSAs or to all PWID in participating MSAs.
- NHBS is a cross-sectional survey and therefore we cannot make conclusions about temporality of the observed associations.
- Data are collected through face-to-face interviews and may be subject to social desirability bias or recall error.
- While we report that more than 80% of participants with unmet need for MAT reported visiting HCP in the past 12 months, we do not know if the unmet need happened before or after the last visit to HCP.

## CONCLUSIONS

- More than 1 in 4 PWID reported unmet need for MAT and more than 80% of those had seen a HCP in the past 12 months.
- PWID with reported unmet need for MAT were more likely to report high-risk injecting behaviors and experiencing opioid overdose.
- These findings highlight a missed opportunity for enrolling PWID on MAT as part of a comprehensive prevention approach to reduce the risk of HIV and HCV transmission and opioid overdose among PWID.
- HCPs engaging with PWID could be an important source for referral and linkage to MAT.

**More than 1 in 4 PWID reported unmet need for MAT and 8 in 10 of those had seen a health care provider in the past 12 months.**




**PWID with reported unmet need for MAT were more likely to report high-risk injecting behaviors and experiencing opioid overdose in the past 12 months.**

**Health care providers engaging with PWID could be an important source for referral and linkage to MAT.**

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Figure 1. Effect of medication-assisted treatment (MAT) on risk for HIV and HCV acquisition and opioid overdose mortality

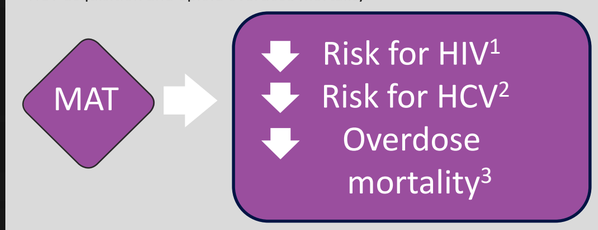



Figure 2. Behaviors associated with self-reported unmet need for MAT in the past 12 months among PWID from 23 metropolitan statistical areas (MSA) in U.S., NHBS-IDU5, 2018

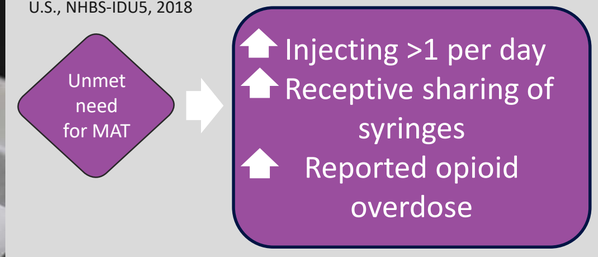
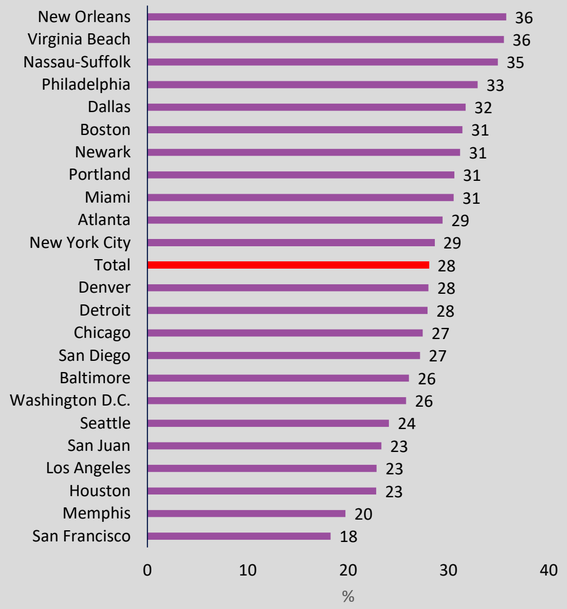



Figure 3. Unmet need for MAT (%) among PWID from 23 metropolitan statistical areas (MSA) in U.S., NHBS-IDU5, 2018




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3. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. BMJ. 2017;357:j1550.

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