Incarceration, drug use, and HIV: Optimizing services for women who use drugs in Tanzania

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BACKGROUND

- Women who use drugs (WWUD) in sub-Saharan Africa (SSA) face elevated HIV risk, linked to structural vulnerability including arrest & incarceration.
- Little is known about the experiences or outcomes of formerly incarcerated WWUD in SSA

METHODS

- **November 2018-February 2019:** survey with WWUD reporting past-month heroin use (n=200), recruited via respondent-driven sampling
- **Analysis:** modified Poisson regression with robust variance estimation
  - **Outcomes:** self-reported HIV status, uptake of testing and treatment, sexual and drug use behavior
  - Adjusted for age, education, and duration of heroin use

Figure 1. Number of arrests among WWUD in Tanzania, last 6 months (n=162).

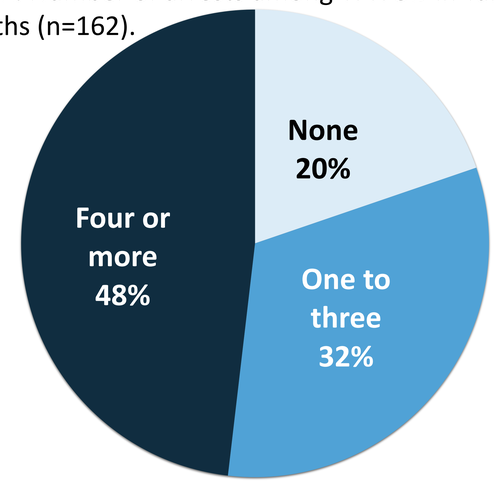
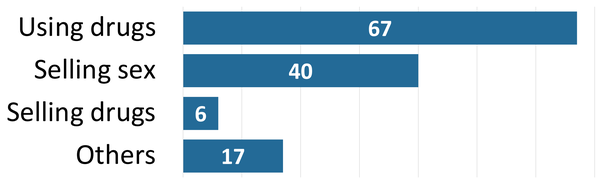


Figure 2. Reasons for arrest among WWUD in Tanzania (n=130).



Incarceration among women who use heroin in Tanzania is associated with increased concurrent partnerships, concurrent stimulant use, and non-fatal overdose

RESULTS

- 130 WWUD (65%) reported being arrested in the past 6 months (Fig. 1-2).
- 119 WWUD (60%) reported incarceration in the past 6 months.
- WWUD with incarceration history had increased sexual concurrency, lifetime non-fatal overdose, and concurrent stimulant use (Fig. 3).
- Recently incarcerated reported more violence & mental health concerns (Fig. 4).
- In WWUD with HIV, incarceration associated with disrupted HIV care (Fig. 5).

Figure 3. Results from modified Poisson regression of HIV and drug use-related outcomes on recent incarceration status among women who use drugs in Tanzania (n=195).

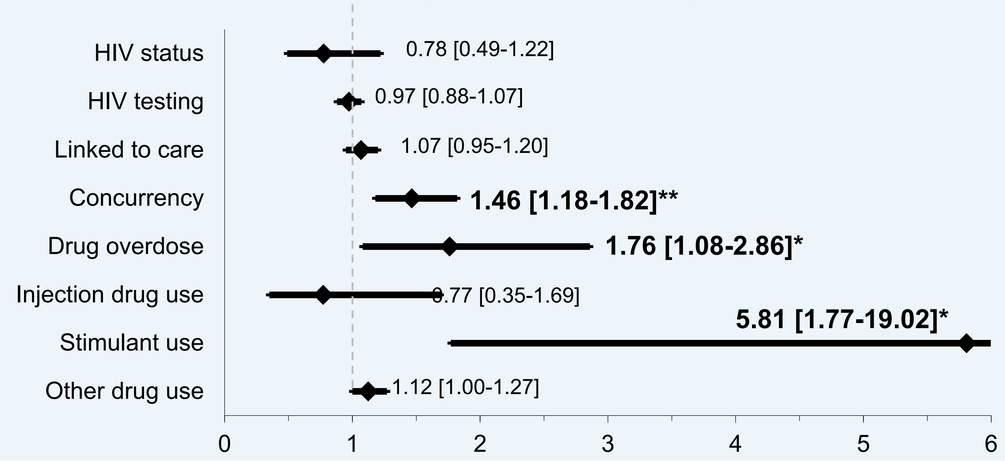


Figure 4. Violence and mental health among women who use drugs in Tanzania, by incarceration status (n=195). * p<0.05; ** p<0.01; *** p<0.001

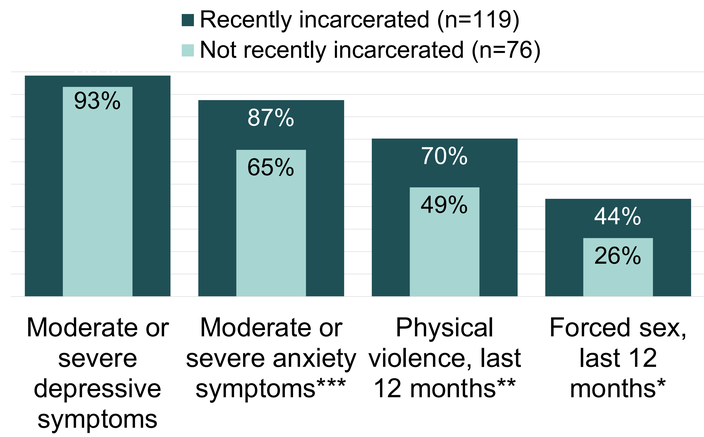
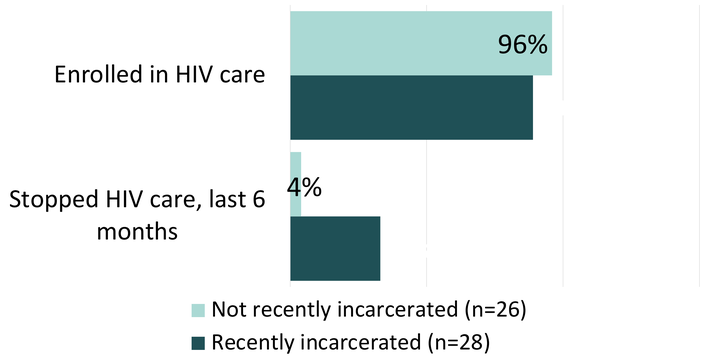


Figure 5. HIV care among women who use drugs living with HIV in Tanzania, by incarceration status (n=56).



CONCLUSIONS

- Increased violence and mental health issues among WWUD with incarceration history require critical intervention.
- Elevated stimulant use is of particular concern given associations with adverse HIV outcomes.
- Multilevel interventions may reduce service interruptions and ensure linkage to HIV and harm reduction care during incarceration and reentry.

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