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

Unmet Need for Medication for Opioid Use Disorder Before and After the COVID-19 Pandemic

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BACKGROUND

- The COVID-19 pandemic substantially impacted harm reduction services for persons who inject drugs (PWID), including access to medications for opioid use disorder (MOUD) that reduce injection frequency, HIV and HCV transmission, and opioid-related overdose mortality.
- Low-threshold, affordable access to MOUD is key to reducing injection-related risk for HIV and other infectious disease.
- Despite COVID-19 pandemic-related disruptions in services for PWID, policy changes to federal guidance for MOUD treatment providers or other innovations in service provision may have contributed to increases in access to MOUD.
- We sought to assess change in unmet need for MOUD among PWID from pre- to post-pandemic.

METHODS

- PWID were recruited using respondent-driven sampling to participate in CDC's National HIV Behavioral Surveillance in 19 U.S. cities in 2018 and 2022.
- This analysis included PWID who were ≥18 years and reported any opioid use in the past 12 months.
- Unmet need for MOUD was measured by asking participants if they tried to get medicines (e.g., methadone or buprenorphine) to treat drug use but were unable to in the past 12 months.
- We obtained prevalence ratios (PRs) and 95% confidence intervals (CIs) using log-linked Poisson models adjusted for city and participant network size and clustered on recruitment chain to assess differences in self-reported unmet need for MOUD between 2018 and 2022.

RESULTS

- The analysis included 9,282 PWID interviewed in 2018 and 5,882 PWID interviewed in 2022.
- Overall, fewer PWID reported unmet need for MOUD in 2022 than in 2018 (28% vs. 25%, PR 0.91; 95% CI:0.85, 0.98).
- Unmet need for MOUD decreased from 2018 to 2022 among PWID:
  - Who most commonly injected opioids (28% vs. 24%, PR 0.86; 95% CI: 0.77, 0.95)
  - Who injected more than once a day (30% vs. 27%, PR 0.89; 95% CI: 0.82, 0.98)
  - Who received syringes from an SSP in the past 12 months (28% vs 25%, PR 0.87; 95% CI: 0.78, 0.97).

CONCLUSION

- Decreases in unmet need for MOUD were observed among those at high need for MOUD, specifically those who injected most frequently and most commonly injected opioids.
- Unmet need for MOUD also decreased among those accessing SSPs, which are important service programs for PWID.
- Additional research is needed to assess what factors or potential policies mitigated the effects of service disruptions due to the pandemic on unmet need for MOUD and the resulting impact on HIV and other infectious diseases.

Fewer PWID reported unmet need for MOUD in 2022 than in 2018.



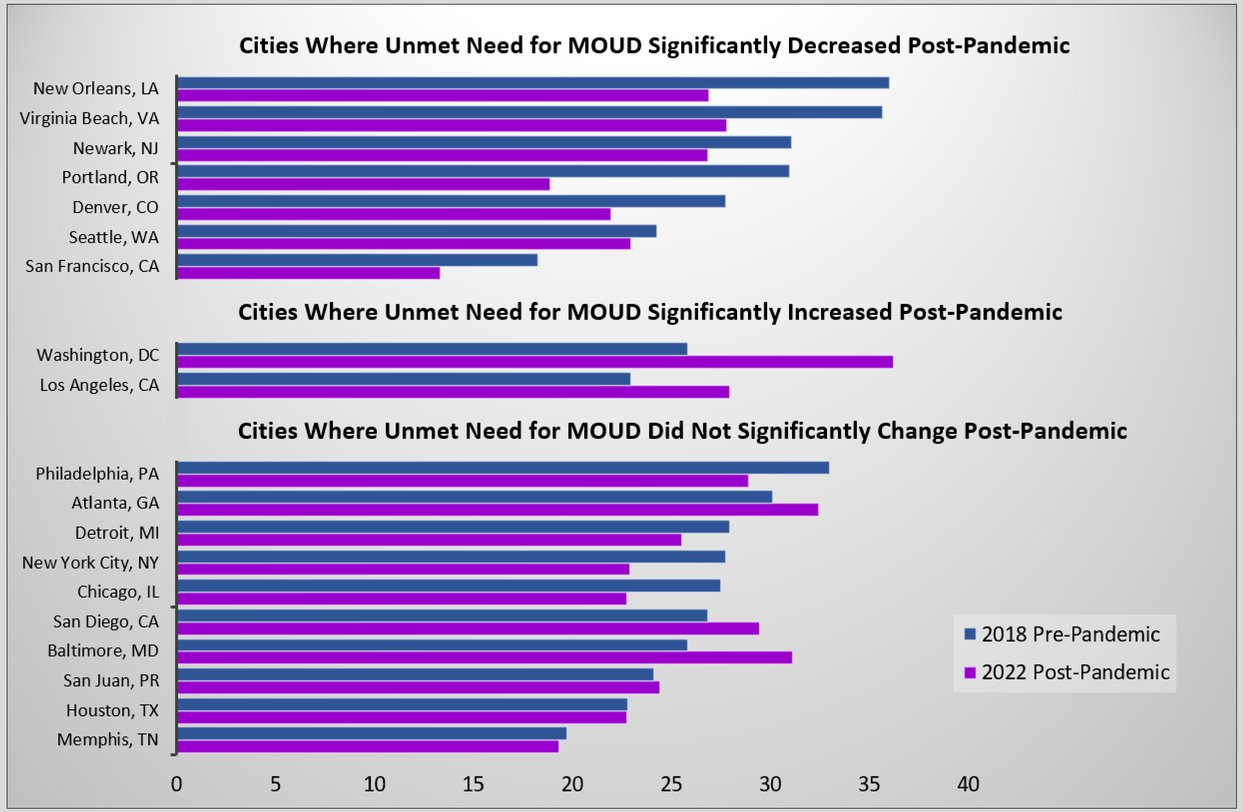

Figure 1. The effects of unmet need for MOUD pre- and post-pandemic by city

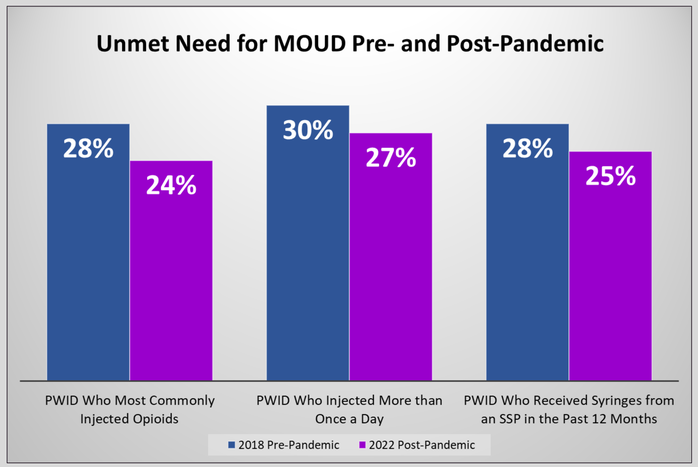

Figure 2. Behaviors associated with unmet need for MOUD pre- and post-pandemic among PWID from 19 U.S. cities

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