



HISTORY OF MEDICATION-ASSISTED TREATMENT AND ITS ASSOCIATION WITH INITIATING OTHERS INTO INJECTION DRUG USE IN SAN DIEGO, CA.

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IMPORTANCE OF THIS STUDY

- This study highlights the need to further investigate the potential impact of Medication-assisted treatment (MAT) as a preventive intervention to reduce not only the incidence of negative injection-related health outcomes experienced by opioid users but also incident cases of IDU initiation.
- We hypothesize that MAT enrollment may have an additional preventive impact on the risk that PWID expose and initiate others into injecting.

KEY CONCEPTS

- MAT remains the gold standard for the treatment of opioid use disorder, and is effective in reducing the frequency of injecting among people who inject drugs (PWID).
- Therefore, we investigated the potential association between a history of MAT enrollment and reporting injection initiation assistance among 354 PWID in San Diego, CA.

HOW THIS STUDY WAS CONDUCTED

- Data were drawn from a participating cohort of PWID in San Diego, CA. The primary outcome was reporting ever providing injection initiation assistance; the primary predictor was reporting ever being enrolled in MAT.
- Logistic regression was used to model associations between MAT enrollment and ever initiating others into injecting while adjusting for potential confounders.

KEY FINDINGS

This study highlights the need to further investigate the potential impact of MAT as a preventive intervention to reduce not only the incidence of negative injection-related health outcomes experienced by opioid users but also incident cases of IDU initiation.

WHAT THE STUDY FOUND

- Results suggest that among PWID participants, a history of MAT enrollment was associated with a 38% reduction in the odds of having reported initiating others into IDU.
- We also found that each year increase in age was associated with a decreased risk of providing injection initiation assistance.
- In our study, the effect of a history of MAT enrollment on providing injection initiation assistance did not differ significantly between male and female participants in our sample.
- In contrast to other studies we observed an association between a higher number of years since first injection and an increased risk of providing injection initiation assistance.

PUBLIC HEALTH IMPLICATIONS

These preliminary results suggest that MAT enrollment, along with its effectiveness in supporting the management of opioid use disorder, may also be associated with a reduced risk that PWID initiate others into IDU.