

Barriers to Delivering Prevention and Treatment for HIV and Opioid Use Disorder for Individuals on Probation

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Abstract

- Opioid Use Disorder (OUD) and HIV are both critical and interconnected public health issues, particularly among individuals who are justice-involved. Individuals under community supervision face significant obstacles in accessing the prevention and treatment services necessary for both OUD and HIV.
- Although harm reduction strategies such as Medication for Opioid Use Disorder (MOUD) and pre-exposure prophylaxis (PrEP) for HIV prevention have proven effective, these interventions remain underutilized and difficult to access.
- This research explores key barriers that service providers face in delivering OUD and HIV care to individuals with justice involvement, with an emphasis on perceived client, service provider, and criminal-legal barriers.

Demographics

- 2 Focus Groups with justice and healthcare representation in each group.

Gender

Male	1
Female	4

Race

White	3
Black/African American	2

Agency Role

Medical (HIV / OUD)	3
Behavioral (Substance use, Mental health)	1
Criminal-legal	2

Methods

- Data sourced from the ACTION study funded by the National Institute on Drug Abuse (NIDA).
- Two focus groups were conducted via Zoom, each including criminal-legal and healthcare provider representation (N=5).
- Data was qualitatively coded using deductive methods in Atlas.ti.

Results

Perceived Client barriers

"Sometimes it's stigmatizing for folks to walk into the doors of the [PUBLIC HEALTH DEPARTMENT], and we recognize that ...Or maybe you need access to PrEP and you've got several other comorbidities and you need the backing of a strong hospital network, then maybe we'll refer you over to [PROVIDER 2 AGENCY] so that you can get wraparound service in addition to PrEP." (Provider 2)

Service Provider Barriers

"I think that sometimes funding pits us against each other. Specifically in HIV, because people are funded to work under prevention or care, and it's like, how do we take care of folks if we can't work throughout the continuum? And I think sometimes that forces us to work in silos. It's like, *"Oh, sorry, I could help, but I'm funded under a grant that just takes care of people who are HIV negative."* (Provider 1)

Criminal-Legal Barriers

"That's not really in a lot of the judge's vocabulary, the whole concept of harm reduction. It's a vital component of recovery, but I think that part gets left out by the judges...Whether it be medically assisted issues like methadone, Suboxone, things like that or providing a safe space for people to go.... I think it's very difficult for the judiciary to tell people to use another drug to stop another drug and give permission for that." (Criminal-Legal 1)

Discussion

- Stigma, complex needs, and limited care at agencies lead to referrals that burden patients with visiting multiple locations for HIV and OUD services.
- Poor interagency communication and funding restrictions complicate the coordination of care for clients and create gaps in treatment.
- Limited education and training on harm reduction within the judicial system hinders OUD treatment and recovery.
- These findings point to a lack of integrated service delivery across the care cascades for OUD and HIV.

Policy Implications

- Advocate for flexible funding to address needs and diversity of justice-involved individuals.
- Advocate for judicial training on harm reduction practices for OUD (e.g. Narcan administration and MOUD awareness), given the absence of state-run harm reduction programs in Texas.
- Promote coordinated post-release care through partnerships between corrections and community providers for seamless patient linkages.

Future Directions

- Investigate stigma-reduction interventions to reduce self and institutional stigma around HIV and OUD.
- Examine wraparound service models that integrate housing, transportation, employment, and legal support into substance use and HIV care.
- Evaluate the effects of policy changes on OUD medication prescriptions and access.

References

- Springer, S. A., Nijhawan, A. E., Knight, K., Kuo, I., Di Paola, A., Schlossberg, E., Frank, C., Sanchez, M., Pankow, J., Proffitt, R. P., Lehman, W., Pulitzer, Z., Thompson, K., Violette, S., Harding, K. K., & ACTION Cooperative Group (2022). Study protocol of a randomized controlled trial comparing two linkage models for HIV prevention and treatment in justice involved persons. BMC Infectious Disease, 22(1), 1-16. doi: 10.1186/s12879-022-07354-x