MAINTENANCE ON EXTENDED-RELEASE NALTREXONE IS ASSOCIATED WITH REDUCED INJECTION OPIOID USE AMONG JUSTICE-INVOLVED PERSONS WITH OPIOID USE DISORDER

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Background:
Opioid use disorder (OUD) and injection drug use (IDU) place justice-involved individuals at increased risk for acquiring or transmitting HIV or hepatitis C virus (HCV). Methadone and buprenorphine have been associated with reduced opioid IDU, however the effect of extended-release naltrexone (XR-NTX) on this behavior is incompletely studied.

Methods:
Injection opioid use and shared injection equipment behavior was examined from a completed double-blind placebo-controlled trial of XR-NTX among 88 justice-involved participants with HIV and OUD. Changes in participants' self-reported daily injection opioid use and shared injection equipment was evaluated pre-incarceration, during incarceration and monthly post-release for 6 months. Differences in time to first opioid injection post release was also assessed. Intention to treat and 'as treated' (high treatment versus low treatment) analyses were performed.

Results:
Fifty eight of 88 (65.9%) participants self-reported injection of opioids pre-incarceration and 26 (29.5%) reported sharing injection equipment. Fifty-four (61.4%) participants had an HIV RNA below 200 copies/mL and 62 (70.5%) were baseline HCV antibody positive. Participants in the high treatment group had significantly lower mean proportion of days injecting opioids (13.8% high treatment versus 22.8% low treatment, p=0.02) by month 1 which persisted up to 5 months post release (0% high treatment vs 24.3% low treatment, p<0.001) and experienced a longer time to first opioid injection post-release (143.8 days high treatment vs 67.4 days low treatment, p<0.001).

Conclusion:
Retention on XR-NTX is associated with reduced intravenous opioid use in justice-involved persons, which has important implications for reducing transmission of HIV and HCV.

Disclosure of Interest Statement:
None