Meeting Them Where They Are": Provider Perspectives on Integrating Substance Use Treatment for Young Black and Latino MSM into HIV Prevention and Treatment Settings

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Background: Young Black and Latino men who have sex with men (YBLMSM) in the U.S. are disproportionately impacted by HIV. Opioid use disorder (OUD) and alcohol use disorder (AUD) increases HIV risk and poor HIV-related outcomes through increased sexual risk behaviors and medication non-adherence. Integrated care models that combine medication-assisted treatment with HIV treatment and prevention, have the potential to improve outcomes. This mixed methods study examined provider-reported attitudes/practices and barriers/facilitators to integrating OUD/AUD treatment within HIV prevention and treatment settings serving YBLMSM.

Methods: Participants (n=23) from two U.S. cities completed a 30-minute quantitative survey and a 45–60-minute key informant interview focused on barriers and facilitators to OUD and AUD treatment integration into HIV prevention and treatment settings serving YBLMSM. Quantitative data were summarized using descriptive statistics. Inductive and deductive coding was used to analyze qualitative data. Grouped and categorized codes were then analyzed to identify emergent themes.

Results: Mean age was 38.4 (SD 10.7), n=12 (52%) were female, n=11 (47.8%) self-identified as White, and n=12 (52%) were medical doctors or nurse practitioners. The remaining (n=8) identified as social workers or navigators. Most described either providing HIV treatment (n=17, 74%) or HIV prevention services (n=20, 87%) to YBLMSM. Most (17, n=74%) described screening for substance use. Only 6 providers (36%) were comfortable managing OUD and 7 (30%) managing AUD, despite 61% (n=14) desiring to prescribe long-acting buprenorphine or naltrexone. Providers felt that non-addiction specialists should integrate OUD (n=14, 60%) and AUD care (17, 74%) into HIV prevention and treatment services, with many citing structural barriers to implementation (OUD: n=13, 56.5%, AUD: n=14, 60.9%). Themes that emerged around barriers included lack of training/experience, structure of visit, and lack of on-site services. Facilitators included desire to treat both conditions and promote harm reduction approaches, existing infrastructure for long-acting injectable medications, multidisciplinary collaboration, and peer support.

Conclusions: HIV prevention and treatment settings provide unique opportunities to identify and co-target OUD/AUD and HIV in YBLMSM. Our findings suggest that additional provider training, modified visit structures and collaborative approaches may increase adoption of integrated OUD/AUD treatment by providers who care for YBLMSM engaging in substance use.