Long-Acting Injectable Antiretroviral Therapy as a Catalyst for Engagement in Opioid Use Disorder Treatment Among People with HIV Who Inject Drugs

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Background: People who inject drugs living with HIV experience overlapping structural and clinical barriers to care. Long-acting injectable antiretroviral therapy (LAI-ART) may improve treatment adherence and may strengthen engagement in health services. Whether initiation of LAI-ART is associated with subsequent uptake of medications for opioid use disorder (MOUD) is unknown.

Methods: We conducted a retrospective descriptive cohort study of people with HIV and a history of injection drug use (IDU) who initiated long acting cabotegravir-rilpivirine (LA-CAB+RPV) at a low barrier harm reduction clinic between February 1, 2022, and June 30, 2025, and received at least six months of follow up. We evaluated whether initiation of this regimen improved HIV and OUD outcomes, including medication for OUD uptake, sustained treatment engagement, reduced opioid use, and viral suppression.

Results: Forty patients were initiated on LA-CAB+RPV during the study period. HIV viral suppression improved from 72.5% at baseline to 97.5% at the end of the study period. Adherence was high, with only one missed scheduled dose across all 40 patients. At baseline, 81.1% of patients reported active opioid use and 32.4% reported receiving MOUD prior to initiation. MOUD utilization increased to 78.4% at 6 months and 89.2% at end of follow up, while opioid use declined to 59.5% and 48.6%. Among those initiating medications for OUD after initiation of LA-CAB+RPV, 90.9% remained on treatment, with 40% starting MOUD within two months. Most participants remained engaged in HIV care.

Conclusions: In this study, initiation of LA-CAB+RPV was associated with excellent HIV outcomes, including near-universal HIV viral suppression, alongside substantial improvements in engagement with MOUD among the subset of patients with OUD. These results reinforce the growing recognition that engagement in HIV and addiction care is mutually reinforcing rather than competing priorities. Our data supports that low barrier care models may improve continuity of care and care outcomes for marginalized populations, including patient populations with a high prevalence of housing instability and ongoing substance use.