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BACKGROUND

- Injection drug use (IDU) is a leading cause of hepatitis C virus (HCV) transmission.
- Limited research, however, focuses on HCV correlates among groups of individuals who report high-risk drug use (injection, overdose), such as women in the criminal justice system.
- The purpose of this study is to describe self-reported high-risk drug use practices and HCV status among justice-involved women and their male sex partners in one US sample.

METHOD

- Data were collected from incarcerated women (N=700) as part of the NIDA-funded Justice Community Opioid Innovation Network (JCOIN).
- Participants were randomly selected from eight jails from one US state (Kentucky), screened for opioid use disorder, consented, and interviewed.
- Analyses examined self-reported HCV status, IDU practices, and IDU practices by the last main and casual male sex partners. Analysis was limited to N=693 due to missing data on HCV status.

TABLE 1

Demographics	M (SD) or %
Age (range 19-62)	37.2 (8.5)
Lived in an Appalachian county before jail	43.6%
White	92.9%
HS diploma/GED or higher	73.0%
Employed prior to incarceration (FT, PT, or day labor)	23.8%
Married or living as married	37.7%
Identified as heterosexual	72.2%
Self-reported HCV positive	39.0%

RESULTS SUMMARY

- Women were about 37 years old, mostly White (92.9%), primarily identified as heterosexual (72.2%), and about a third (37.7%) were married or living as married (See Table 1).
- About a third (39.0%) of women in the study self-reported being diagnosed with HCV (See Table 1), the majority of whom (93.3%) were diagnosed more than a year ago.
- The only significant demographic difference by HCV status was a higher percentage of women living in Appalachian counties before jail reported being HCV positive (46.6% vs. 32.7%, $p < .001$). Appalachia is an underserved rural area with disproportionate drug issues.
- As shown in Table 2, the majority of women reported lifetime (74.6%) and recent (57.7%) injection drug use. About half of women reported having a recent main partner (52.4%) who ever injected drugs.
- About half of women (55.6%) also reported at least one lifetime non-fatal overdose.

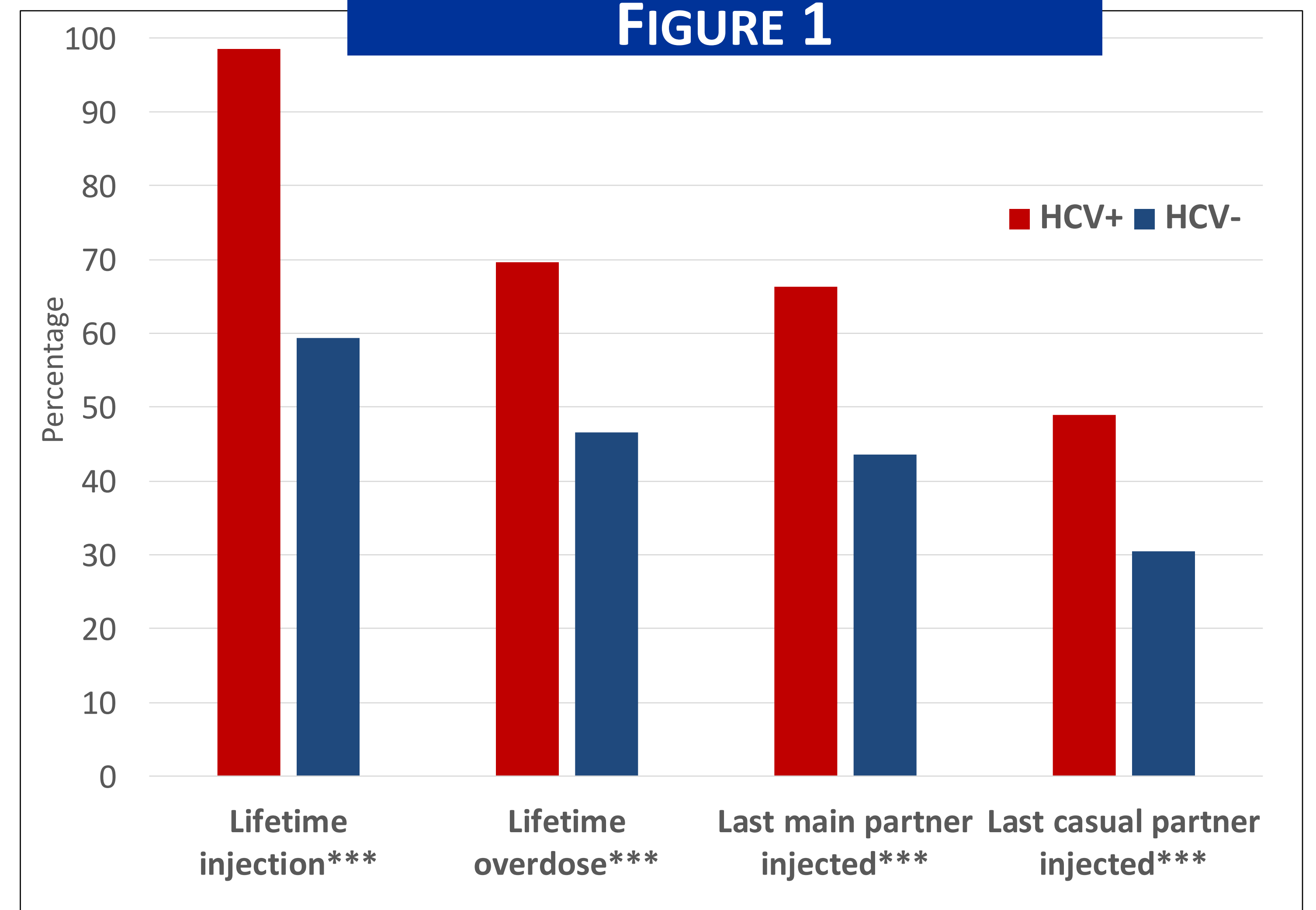
TABLE 2

Risky drug use and partner IDU	M(SD) or %
Ever injected drugs	74.6%
Injected 90-days before jail	57.7%
Ever overdosed	55.6%
Overdosed in 90 days before jail	21.5%
Last main partner injected drugs	52.4%
Last casual partner injected drugs	37.7%

RESULTS SUMMARY (CONTINUED)

- As shown in Figure 1, women who self-reported being HCV positive were more likely to report lifetime (98.5% vs. 59.3%, $p < .001$) and recent (83.7% vs. 41.1%, $p < .001$) injection drug use, and lifetime overdose (69.6% vs. 46.6%, $p < .001$) when compared to women who reported being HCV negative.
- In addition, women who self-reported being HCV positive were significantly more likely to report having their last casual (48.9% vs. 30.5%, $p < .001$) and main (66.3% vs. 43.5%, $p < .001$) male sex partners who also injected drugs (See Figure 1).

FIGURE 1



CONCLUSIONS

- Because IDU is a robust correlate of HCV status, findings from this study indicate that high-risk injection practices among partners of women involved in the criminal justice system is important for understanding women's HCV risk behaviors.
- Findings are limited to a justice-involved sample in one US state. Implications for clinical assessment, intervention development, and future research will be discussed.

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