

Bridging Gaps in PrEP Awareness Regarding SUD Treatment and Incarceration

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Introduction

Recent data underscores the increased vulnerability of individuals with Substance Use Disorder (SUD) and those transitioning from incarceration back into society. Our extensive outreach efforts, particularly with individuals recently released from detox, treatment, and incarceration, highlight the urgent need for harm reduction tools such as Narcan. These interactions also reveal a concerning lack of proactive information sharing about Pre-Exposure Prophylaxis (PrEP), even when in contact with medical professionals. This underscores a broader issue of insufficient emphasis on HIV prevention and reveals a critical gap in preventive care.

Even when in contact with medical professionals, the lack of proactive information sharing about Pre-Exposure Prophylaxis (PrEP) is evident, with providers sometimes unaware of the medication's benefits. This is attributed to a broader issue of insufficient emphasis on HIV prevention and a lack of proper education, including in-service training. Alarming, CDC data indicates that only 18% of individuals who would benefit most from PrEP are prescribed and use it(CDC-USA), indicating a critical gap in preventive care. This highlights the urgent need for enhanced healthcare provider education and increased accessibility to PrEP within high-risk populations, a crucial step in reducing HIV transmission.

Collaboration& mobilization

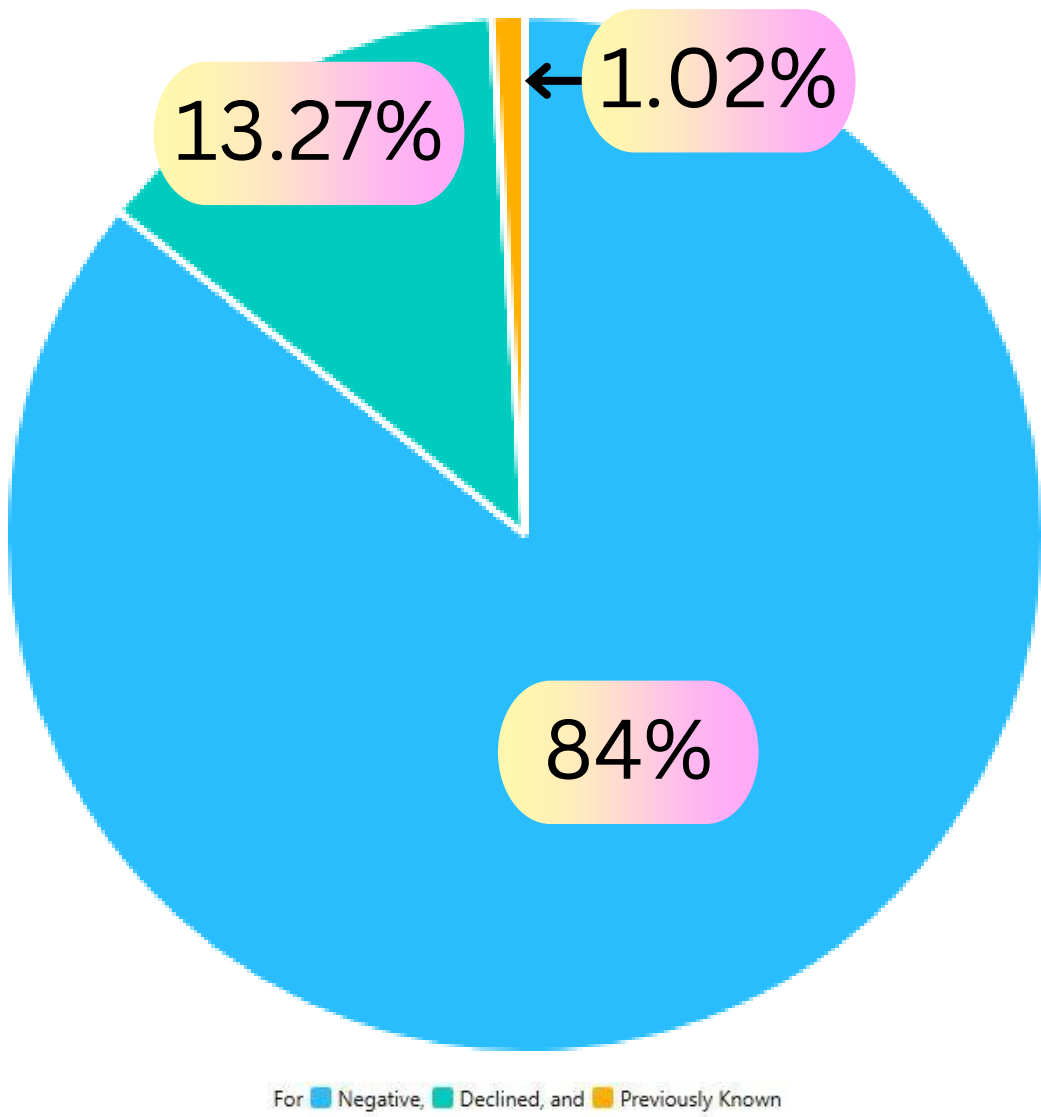
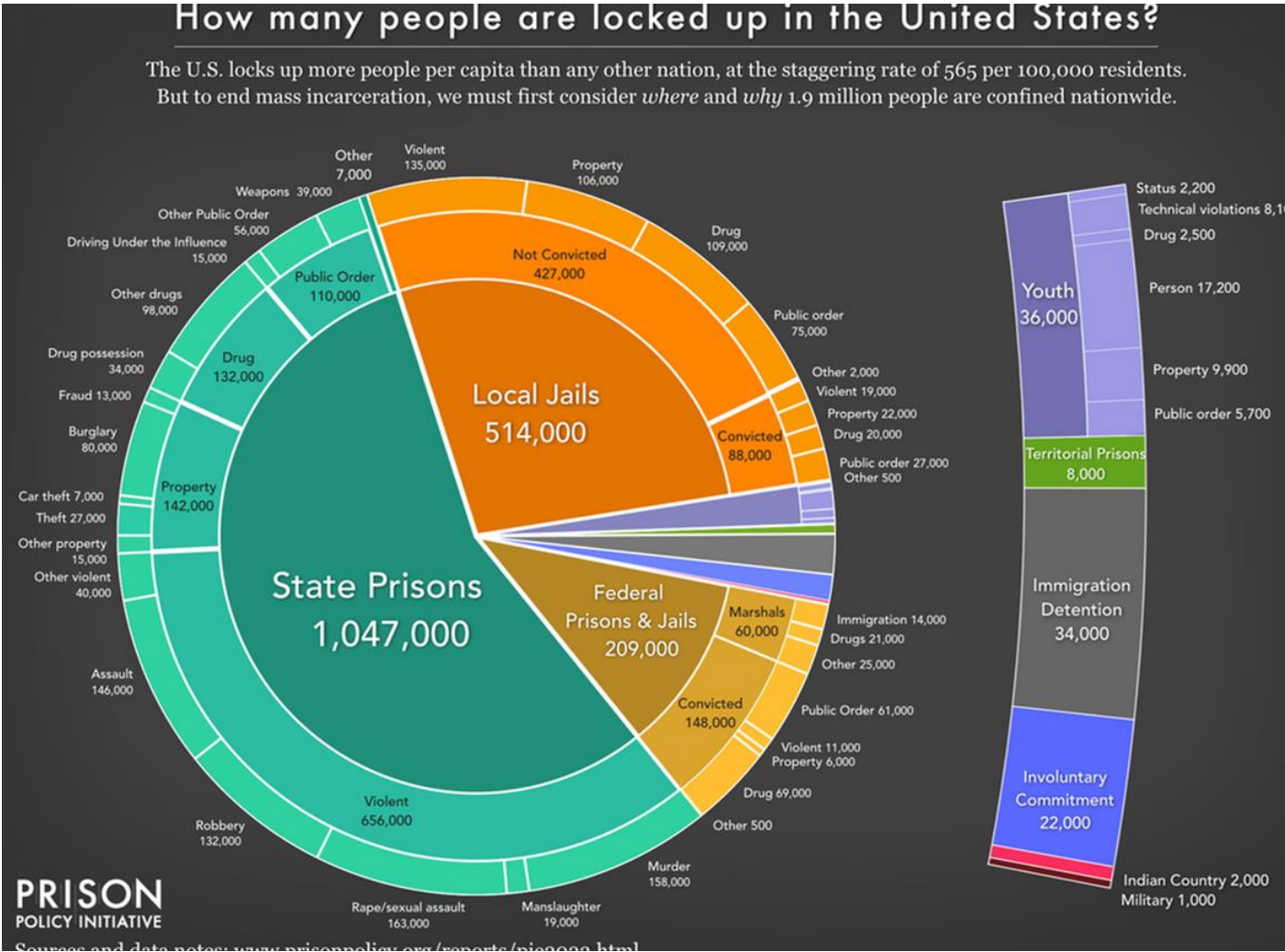
The LGBTQ Center of Southern Nevada partnered with two local outpatient treatment centers to conduct HIV and HCV testing as part of its broader effort to expand health equity among underserved populations. Through this initiative, the team collected comprehensive demographic data, offering insight into the makeup of those seeking services. The majority of individuals tested identified as people of color, with a significant representation of transgender and gender-nonconforming individuals, particularly among those receiving positive HIV test results. The scatter chart analysis revealed trends suggesting that those identifying as Black or African American and those with non-cisgender identities were overrepresented in positive cases. This reflects broader national trends and highlights the urgency of targeted, community-centered interventions.

Our next steps will be to bring our recently operational mobile unit to provide same-day PrEP (Pre-Exposure Prophylaxis) access at the point-of-care (POC) testing sites. This approach is designed to eliminate delays and access barriers that often discourage follow-through in high-risk communities. By integrating rapid linkage to care with immediate biomedical prevention, The Center aims to reduce new HIV transmissions, especially among historically marginalized groups. This expansion of services directly responds to data-driven gaps and reinforces our commitment to culturally competent, equitable healthcare delivery.

Objectives

- Objective 1: Integrate Pre-Exposure Prophylaxis (PrEP) into Substance Use Disorder (SUD) treatment and incarceration healthcare:
- Provide comprehensive education and training for treatment centers, healthcare providers, support staff, case managers, and clinical staff on the benefits and proper prescription of PrEP.
 - Focus on the heightened HIV risk within the SUD population as well as the incarcerated populations.
- Objective 2: Address gaps in reaching vulnerable populations transitioning from SUD treatment or incarceration:
- Conduct a local survey to assess awareness levels of PrEP among individuals transitioning from SUD treatment or incarceration.
 - Develop targeted interventions to increase PrEP awareness and access among high-risk populations.
- Objective 3: Foster community involvement and enhance healthcare provider education to reduce HIV transmission:
- Present local challenges, including experiences in serving unhoused populations, as a case study to foster community involvement.
 - Establish a robust network dedicated to reducing HIV transmission by facilitating direct patient access to PrEP and other preventive services.

Conducting of 98 HIV/HCV tests over 4 months:



Conclusions

- Urgency of PrEP Integration:
Bridging the gap between SUD treatment and biomedical HIV prevention (e.g., PrEP) is essential. Doing so supports harm reduction, empowers individuals in recovery, and creates healthier, safer communities.
- Overlooked Prevention in SUD Programs:
Many clients in outpatient SUD programs are unaware of PrEP or face access barriers. This highlights a missed opportunity for early HIV prevention among a population at elevated risk.
- Opportunities for PrEP in SUD Outpatient Facilities:
The high rate of negative tests, coupled with clients' presence in treatment for substance use disorders (SUD), creates a unique and timely opportunity to introduce or initiate PrEP as part of their recovery and care planning.
- Implications for Incarcerated/Formerly Incarcerated Individuals:
Several clients identified during testing were recently released from incarceration, highlighting the need for structured HIV prevention services, including same-day PrEP access, as part of reentry programming to reduce community transmission and support continuity of care.

Substance Use

About 296 million people around the world, or 5.5% of those aged 15 to 64, have used drugs in the past year. Of those, around 35 million live with a substance use disorder, meaning their drug use is causing serious problems in their lives (World Health Organization, 2021). Drug and alcohol use can affect decision-making, leading to risky behaviors like unprotected sex or sharing needles—both of which increase the risk of getting HIV. This makes it especially important to offer HIV prevention tools, like PrEP (Pre-Exposure Prophylaxis), to people in substance use treatment programs.

For people who use drugs, HIV prevention often gets overlooked, especially in outpatient treatment settings. Many don't know about PrEP, or they face barriers like stigma, lack of access, or gaps between medical and behavioral health services. At the same time, most people with SUD never receive the full care they need and may end up in jail or prison instead of getting support. Bringing PrEP directly into SUD treatment programs can help close these gaps. It gives people a chance to protect themselves while they're already taking steps to improve their health—making HIV prevention a natural part of recovery and harm reduction.

Prison Populations

Depending on which study you read, 65-85% of the incarcerated population has an underlying SUD. The United States has an incarceration rate of 531 per 100,000 people, the highest in the world, with over 2 million individuals in lock-up facilities(Prison Policy Initiative). Many of these individuals, who come from diverse backgrounds, statistically suffer from underlying mental health or substance use disorders. Additionally, nearly 800,000 people are on parole and 2.9 million are on probation, often returning to high-risk environments (Prison Policy Initiative). Stable housing upon release is often lacking, and access to medical care is limited, with many relying on emergency rooms. Treatment and incarceration settings provide a crucial opportunity for continuous medical care and interventions, making it essential to ensure access to preventive measures like PrEP.

- Here are a few more countries and their statistics (World Prison Brief)
- Columbia total prison population: 103,588 (199 per 100,000 people)
 - U.K. (England and Wales) total prison population: 87,699 (145 per 100,000 people)
 - Nicaragua total prison population 20,918 (332 per 100,000 people)
 - Bolivia total prison population 25,291 (209 per 100,000 people)
 - Zambia total prison population 25,372 (125 per 100,000 people)
 - El Salvador total prison population 71,000 (has the highest rate per capita with 1,086 per 100,000 people)