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# Incarceration and compulsory rehabilitation impede use of medication for opioid use disorder and HIV care engagement in Vietnam

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## Abstract

**Background:** Non-prescribed opioid use is illegal in Vietnam. People who are apprehended for use of non-prescribed opioids may be arrested and incarcerated or sent to compulsory rehabilitation centers. For those on medication to treat opioid use disorder (MOUD), incarceration in either setting may disrupt treatment. This study estimates the effects of incarceration and compulsory rehabilitation on MOUD and HIV treatment outcomes in Vietnam.

**Methods:** Data are from a clinical trial testing the effects of MOUD on HIV viral suppression in six Vietnamese HIV clinics. Participants were assessed quarterly for 12 months. We assessed the associations between incarceration or compulsory rehabilitation during months 0-9 and study outcomes of receipt of MOUD, HIV clinic engagement, and antiretroviral therapy prescription during months 9-12, among those who were released by month 9 of the study, using logistic regression and zero-inflated negative binomial models.

**Results:** At nine months, 25 of 258 participants (9.7%) were incarcerated or sent to compulsory rehabilitation at least once and completed the month 9 assessment. Of those, 19 (76.0%) did not receive MOUD in months 9 through 12. Both incarceration and compulsory rehabilitation were negatively associated with subsequent receipt of MOUD (aOR = 0.05, 95% CI = (0.01, 0.24); 0.14 (0.04, 0.50), respectively) and HIV clinic engagement (aOR = 0.13, 95% CI = (0.03, 0.71); 0.09 (0.02, 0.39), respectively). In the final three months of the study, participants who were incarcerated had 42.5 fewer days of MOUD (95% CI = 23.1, 61.9), and participants in compulsory rehabilitation had 46.1 fewer days of MOUD (95% CI = 33.8, 58.4) than those not incarcerated or in compulsory rehabilitation.

**Conclusion:** Our findings suggest that both incarceration and compulsory rehabilitation disrupt MOUD and HIV treatment among people with HIV and Opioid Use Disorder in Vietnam. Prioritization of evidence-based strategies to support engagement in care for people who use drugs could potentially expand HIV and Opioid Use Disorder treatment access and curb substance use more effectively than reliance on incarceration or compulsory rehabilitation.

**Keywords:** Buprenorphine; HIV infections; Methadone; Opioid-related disorders; Prisons; Vietnam.

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