

Transactional sex as a pathway for rising sexually transmitted infections amidst the opioid epidemic in the United States

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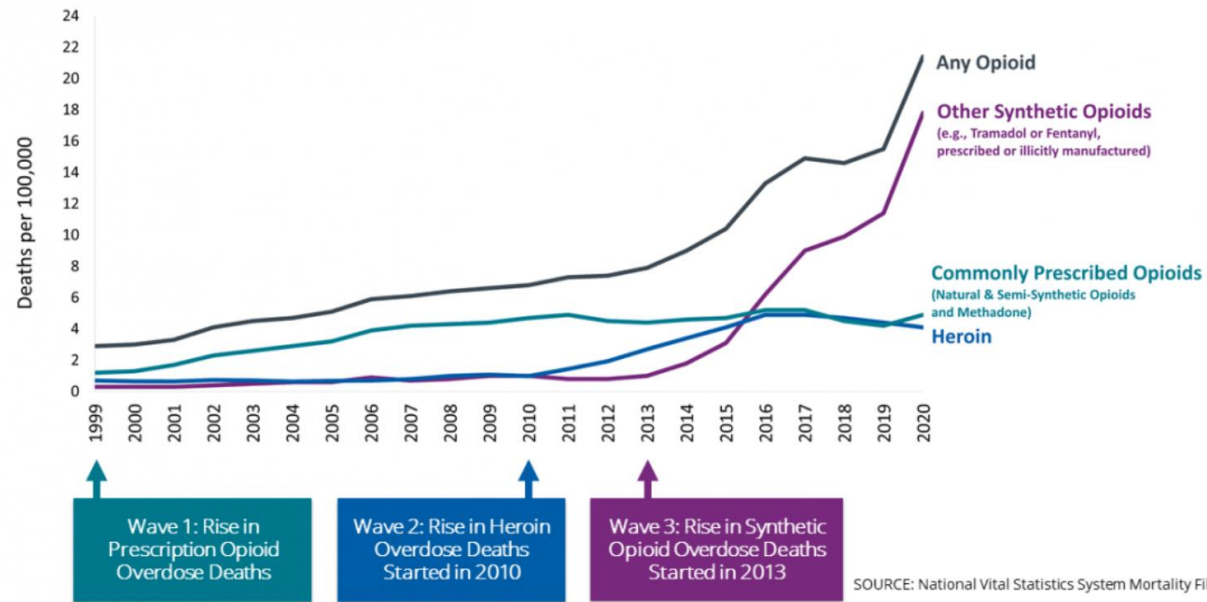
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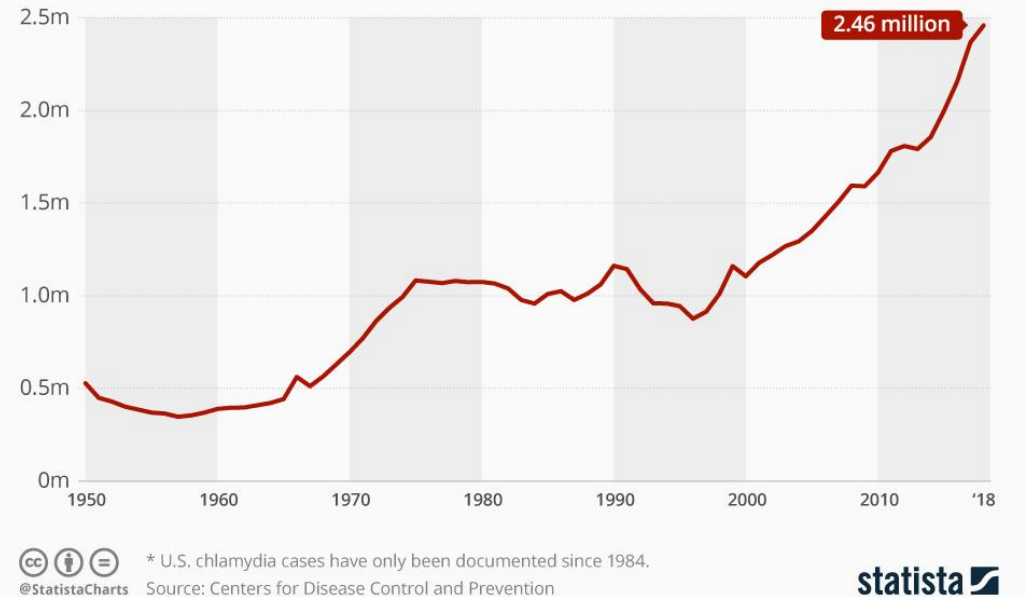
Overdose and STI rates at record highs in the U.S.

Three Waves of Opioid Overdose Deaths



U.S. STD Cases Rise To Record High

Total reported cases of syphilis, gonorrhea, chlamydia, congenital & chancroid diseases*



Modes of STI transmission among persons with OUD (PWOD)

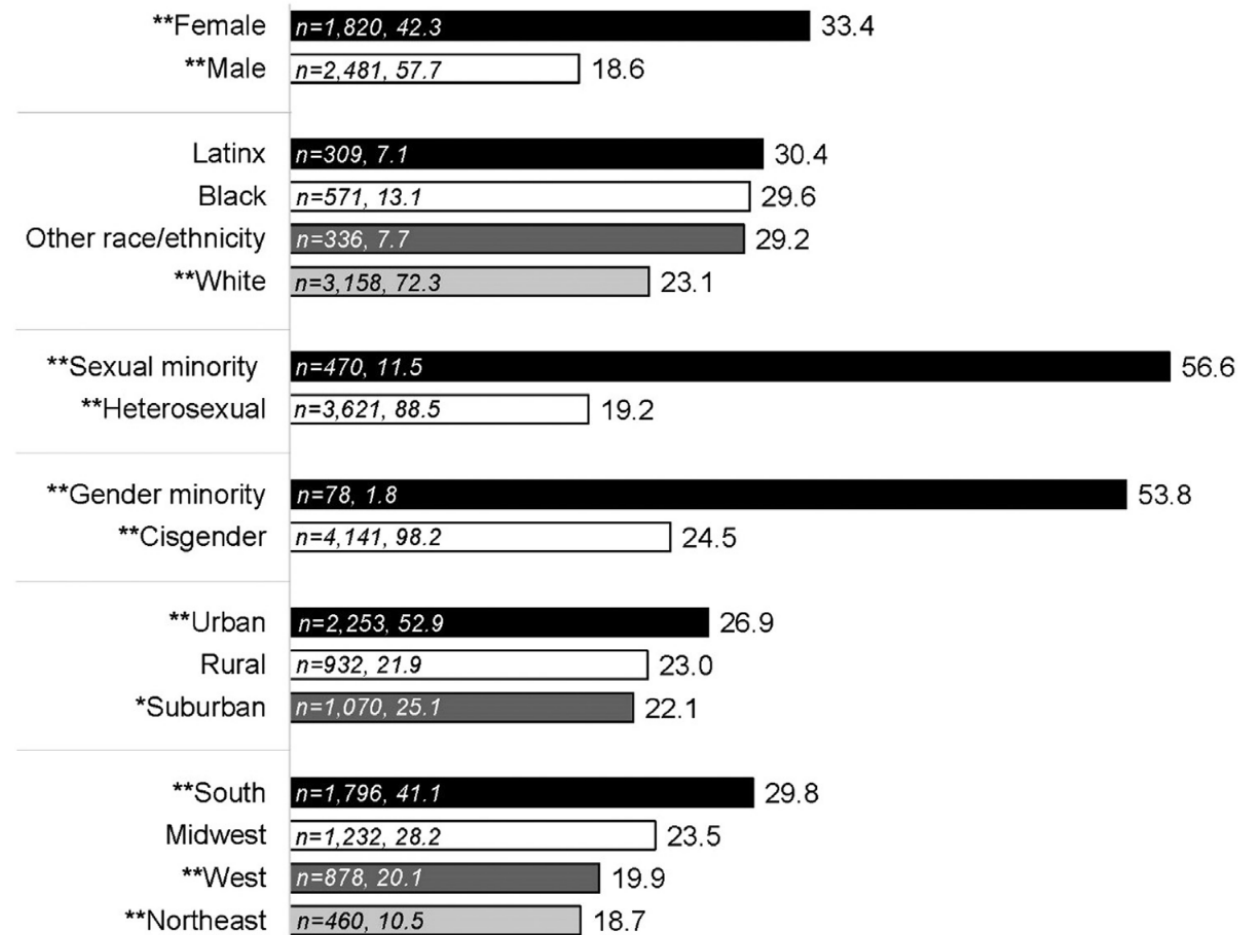
- Prevention is primarily focused on transmission through injection drug use
 - Syringe Service Programs, needle exchanges, harm reduction kits
- Other modes of transmission need to be considered as well
- Transactional sex (TS): exchange of sex for money, shelter, or other commodities (e.g., drugs, gifts, favors)
 - Predictors include identifying as female, economic/financial motivations, trauma
 - Prevalence in PWOD sample is not known
 - Possible bi-directional relationship
 - Drug use associated with TS engagement
 - Shame of engaging in TS associated with continued drug use

Methodology

- National opioid surveillance program of individuals entering treatment for opioid use disorder (OUD) since 2008
- Serial cross-sectional survey of entrants to 99 treatment programs in 37 states
 - Split between public and private
 - Multiple modalities (e.g., buprenorphine providers, psychological counseling, etc.)
- 4,366 respondents from 2018-2021
 - Lifetime history of transactional sex (trading sex for drugs) and sexually transmitted infections

Prevalence of transactional sex by demographic group

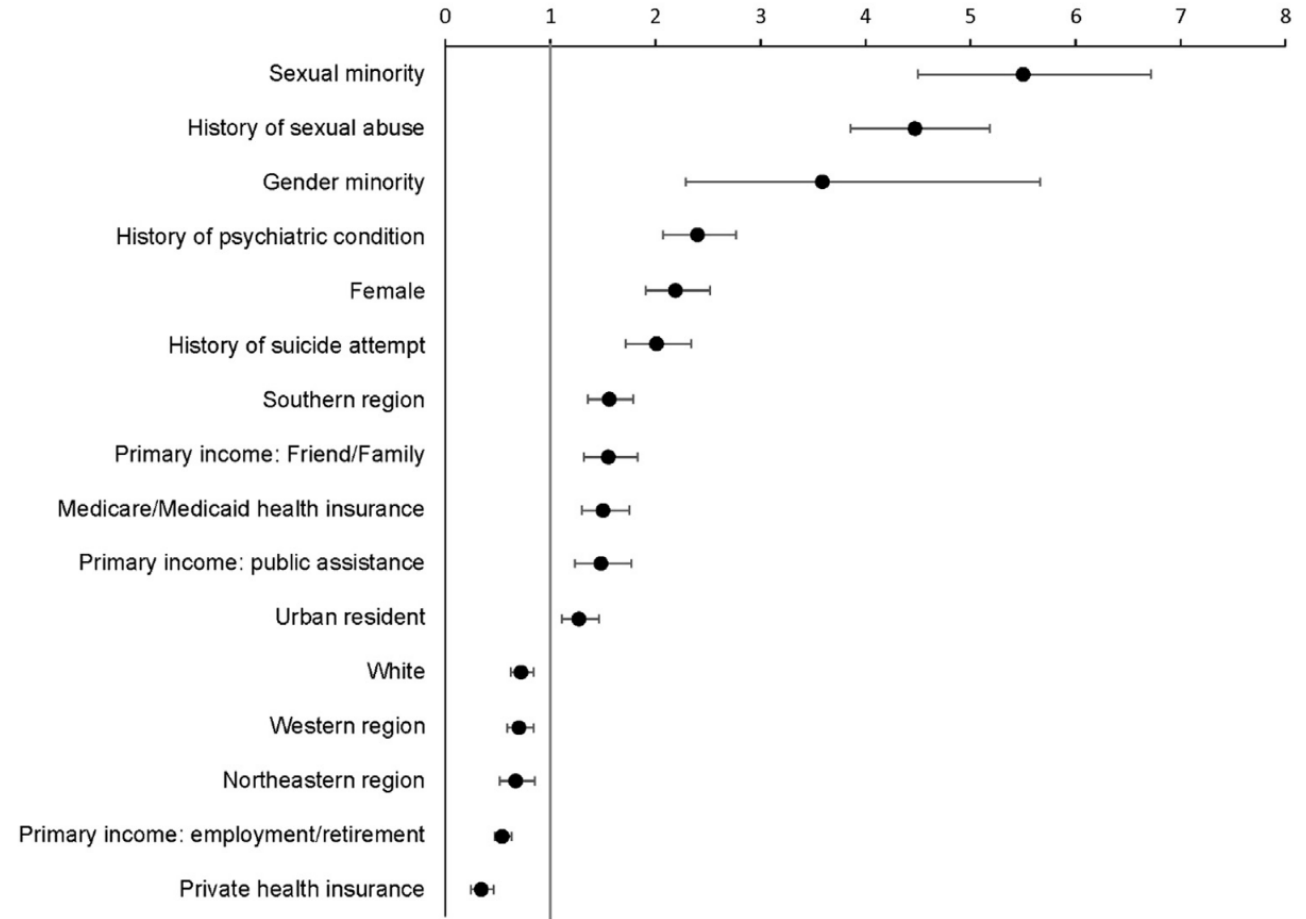
- Overall prevalence of 24.9%
- Highest rates found among sexual and gender minorities (SGM)
- Greater rates among
 - Females
 - Persons of color
 - Urban residents



Odds Ratios predicting of transactional sex engagement

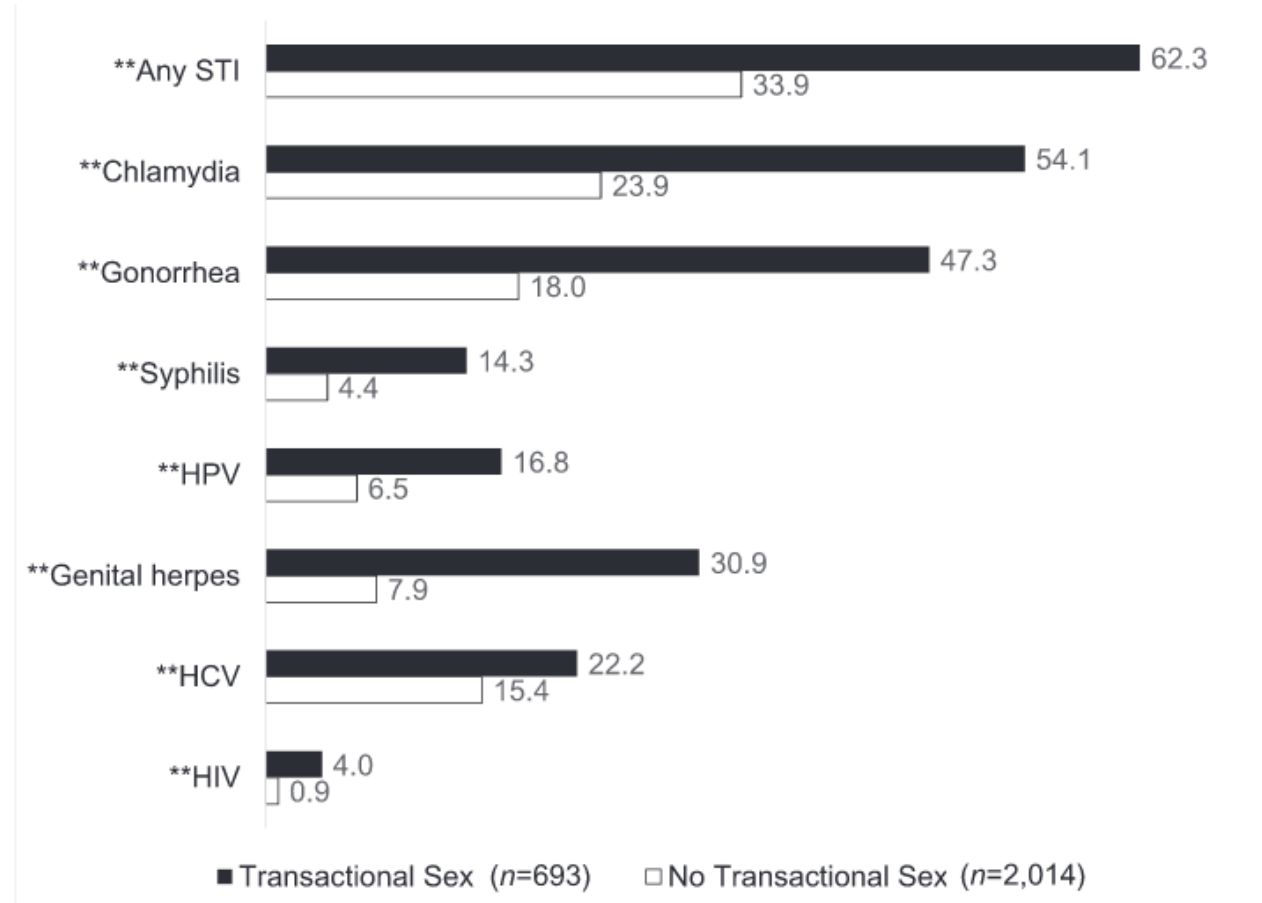
- Increased odds of TS engagement associated with:

- Females
- SGM identification
- People of color
- Trauma
- Mental Health
- Financial Insecurity



STI diagnoses by transactional sex engagement

- Significantly higher rates of all STIs found among those with a history of TS
 - Particularly for HIV and syphilis, the latter of which has been increasing in the U.S.



Key Findings

- Transactional sex engagement reported by a quarter of PWOD
- Complex interplay of multiple factors
 - Financial insecurity
 - Minority stress
 - Structural racism
 - Mental health/trauma
 - More severe addiction (rates higher in those with injection/polysubstance use)
- Significant associations with increased rates of STIs and HIV

Conclusions

- Limitations
 - Cannot assess causality or temporality
 - Only assessed TS for drugs, not money, food, shelter or other items of importance (our rate is likely an underreport)
- Prevention efforts related to HIV/STIs in PWOD needs to expand beyond injection-related programming
- Harm reduction/treatment center sites should consider:
 - Screening or batched testing (only 26% of treatment sites offer testing)
 - Sexual health screenings
 - Contraception, PrEP or PEP provision
 - Co-located, integrated or multidisciplinary models similar to HIV care

THANK YOU

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