Long Term Labour Market Attachment Predicts Key Antiretroviral Therapy Outcomes among People Who Use Illicit Drugs in a Setting Of Universal HIV Health Care Coverage

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Background

- A growing body of literature identifies a critical role for socio-economic wellbeing, including employment, in key antiretroviral therapy (ART) outcomes for people living with HIV (PLWH).
- This is particularly the case for PLWH who use illicit injection and non-injection drugs (PWUD), who often contend with complex configurations of socioeconomic marginalization and comorbid substance use disorders.
- Studies generally examine employment or socio-economic well being at a single point in time, or successive time points in longitudinal analyses.
- As a result, little is known about long term labour market attachment as a way
 of understanding work as a social determinant of health.
- We therefore undertook the current study to explore the relationship between different levels of labour market attachment and key ART outcomes among a cohort of PWUD living with HIV in Vancouver, Canada.

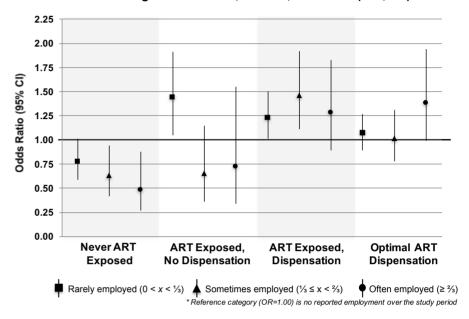
Methods

- Data were derived from the AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS), a long-running prospective cohort of community-recruited drug users in Vancouver, Canada, a setting of free and universal access to HIV care and other essential health services.
- Longitudinal cohort data were linked to comprehensive HIV clinical monitoring and ART dispensation records from the BC Centre for Excellence in HIV/AIDS.
- We categorized labour market attachment (LMA) as the proportion of all observations individuals report regular, temporary or self-employment, ranging from no employment (no obs.), rarely employed (0–1/3 obs.), sometimes employed (1/3–2/3 obs.), and often employed (>2/3 obs.).
- Using multivariate generalized estimating equations, we predicted associations between labour market attachment and ART outcomes in the six months prior to interview, controlling for relevant confounders.
- Models examined, as primary outcomes: (1) No ART exposure to date; (2) ART exposure with no dispensation; (3) ART exposure with suboptimal dispensation (<95%); and (4) ART exposure with optimal dispensation (>95%) all in the six months prior to interview.

Results

- Between May 1996 and May 2015, of 1,049 participants providing 11,638 observations, 371 (35.4%) were women and 591 (56.3%) as Caucasian, with 363 (34.6%) initiating ART for the first time during the study.
- A total of 541 (51.6%) participants reported no labour market involvement over the study period, 308 (29.4%) were rarely employed, 138 (12.3%) were sometimes employed and 74 (6.7%) were often employed.
- In final multivariate models controlling for gender, ethnicity and baseline CD4 Count (Figure 1), individuals in the sometimes (AOR: 0.63; 95% CI: 0.42-0.94) and often (AOR: 0.48; 95% CI: 0.27-0.88) employed groups were less likely to be ART naïve than those reporting no employment.
- Rarely (AOR: 1.23; 95% CI: 1.01-1.50) and sometimes (AOR: 1.46; 95% CI: 1.11-1.92) employed individuals were more likely to have some ART dispensation in the past six months than those with no employment.
- Being often employed neared statistical significance for being more likely than those reporting no employment to have optimal ART dispensation in the past six months (AOR: 1.38; 95% CI: 0.99-1.94).

FIGURE 1. Antiretroviral therapy (ART) exposure across levels of labour market attachment among HIV seropositive people who use illicit drugs in Vancouver, Canada, 1996-2015 (n=1,049)



Discussion

- The current study documents low levels of long term labour market attachment among PLWH who use illicit drugs, with over half the sample reporting no employment during the 1996-2015 study period.
- Findings identify long term labour market attachment as a relevant differentiator between ART outcomes, with significant differences between individuals reporting different levels of employment.
- These results indicate that importance of long term understandings of socio-economic well being for PLWH. Where possible, future research should consider institutional relationships over time rather than at a single point in time.
- Readers should be cautious when reviewing results as the current study
 may include the potential for unmeasured confounding from factors not
 considered here; the limited generalizability common to all observational
 studies; the potential for social desirability or recall bias due to the selfreported nature of non-clinical indicators; and limitations to causal
 inference.
- These results nevertheless point to the need for long term strategies to support employment initiation and retention for all PLWH in general, and for socio-economically marginalized PLWH and key affected populations in particular.
- Such strategies should include a balance of vocational training; efforts to reduce labour market precarity among PLWH; and the creation of tailored low-threshold opportunities compatible with ongoing drug use and retention in care.

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