



# The Role of Parenting Status on Drug Treatment Utilization Among People Who Inject Drugs

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## I. BACKGROUND

- Drug treatment service utilization is essential for improving the health and well-being of people who inject drugs (PWID).
- Parenting responsibilities, as a critical factor, may motivate service use to provide stability for children. Examining how parenting influences service utilization contributes to the literature on family dynamics in public health interventions.
- Ultimately, understanding the broader factors influencing service utilization among PWID, especially among parents, can guide the development of targeted and effective interventions.

## II. AIM

- To examine the association between parenting status and drug treatment utilization among PWID and assess whether treatment utilization types differ across parenting groups.

## III. METHODS

- **Sample:** We used data (N = 255, Mean age = 47.5) from the Treat Link Care (TLC) study, a randomized controlled trial of a harm reduction intervention for PWID in Baltimore, MD.
- **Predictors:** Parenting status (categorized as non-parents, child over 18, child under 18) and sociodemographic characteristics.
- **Outcome:** Drug treatment utilization (assessed as participant-reported engagement with detoxification, outpatient programs, residential care, and self-help groups).
- **Analysis:** Multivariable logistic regression assessed the association between parenting and drug treatment utilization, adjusting for sociodemographic characteristics.

## V. DISCUSSION

- Being a parent significantly increased the odds of service utilization among PWID.
- Specifically, parents are more likely to access detoxification and self-help groups, which may not be as effective as more intensive or medication-based treatment.
- While self-help groups may not be as effective at reducing injection drug use, self-help groups may provide necessary social support for PWID who are parents.
- Tailored family interventions, including childcare support and parenting-specific adaptations, can further enhance treatment access and outcomes among PWID.

## IV. RESULTS

Figure 1: Drug Treatment Utilization by Parenting Status

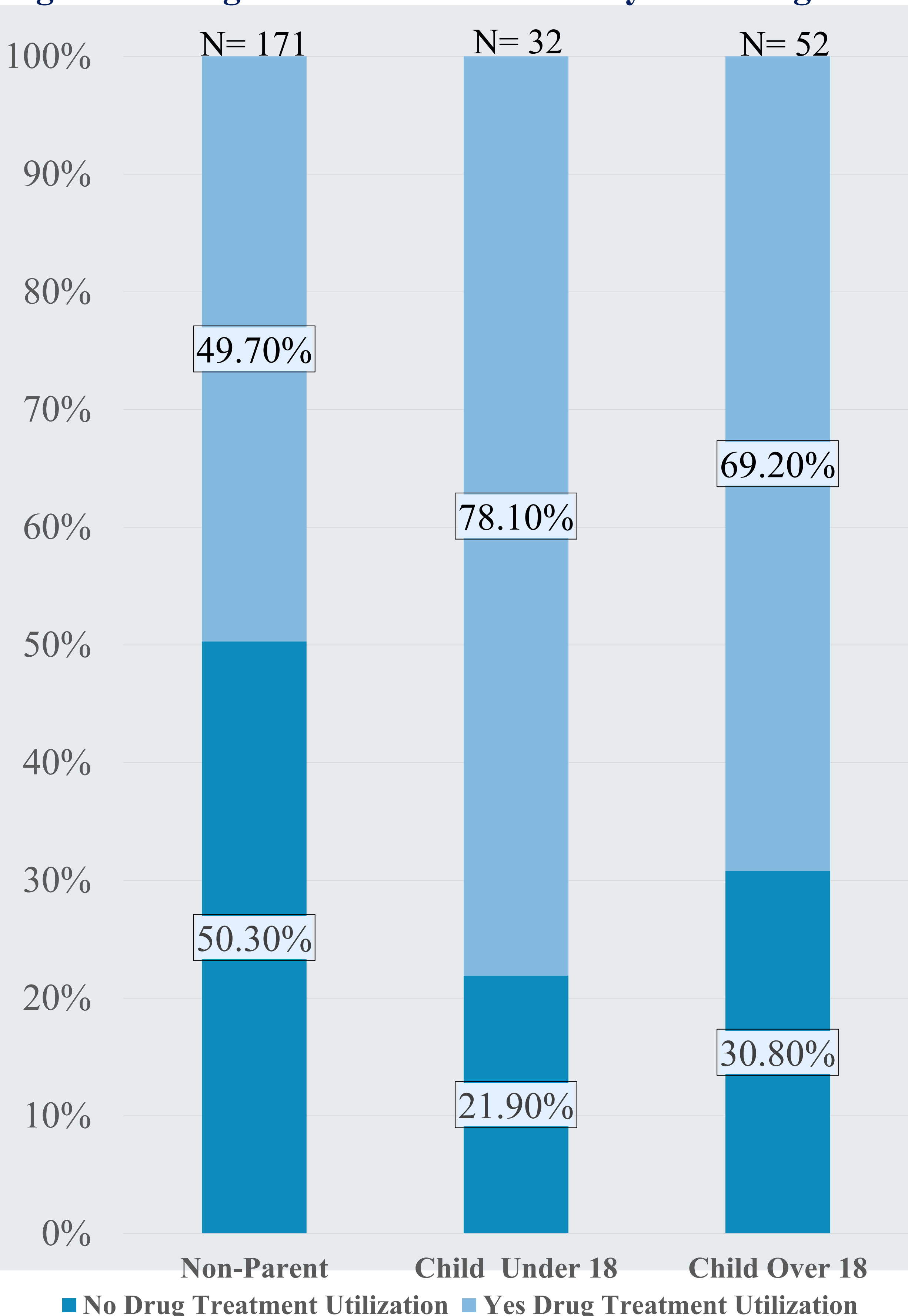


Table 2: Chi-Square Test and Post-Hoc Comparison for Drug Treatment Utilization by Parenting Status

Test	Statistic	(df)	p-value
$\chi^2$	12.72	2	< 0.001

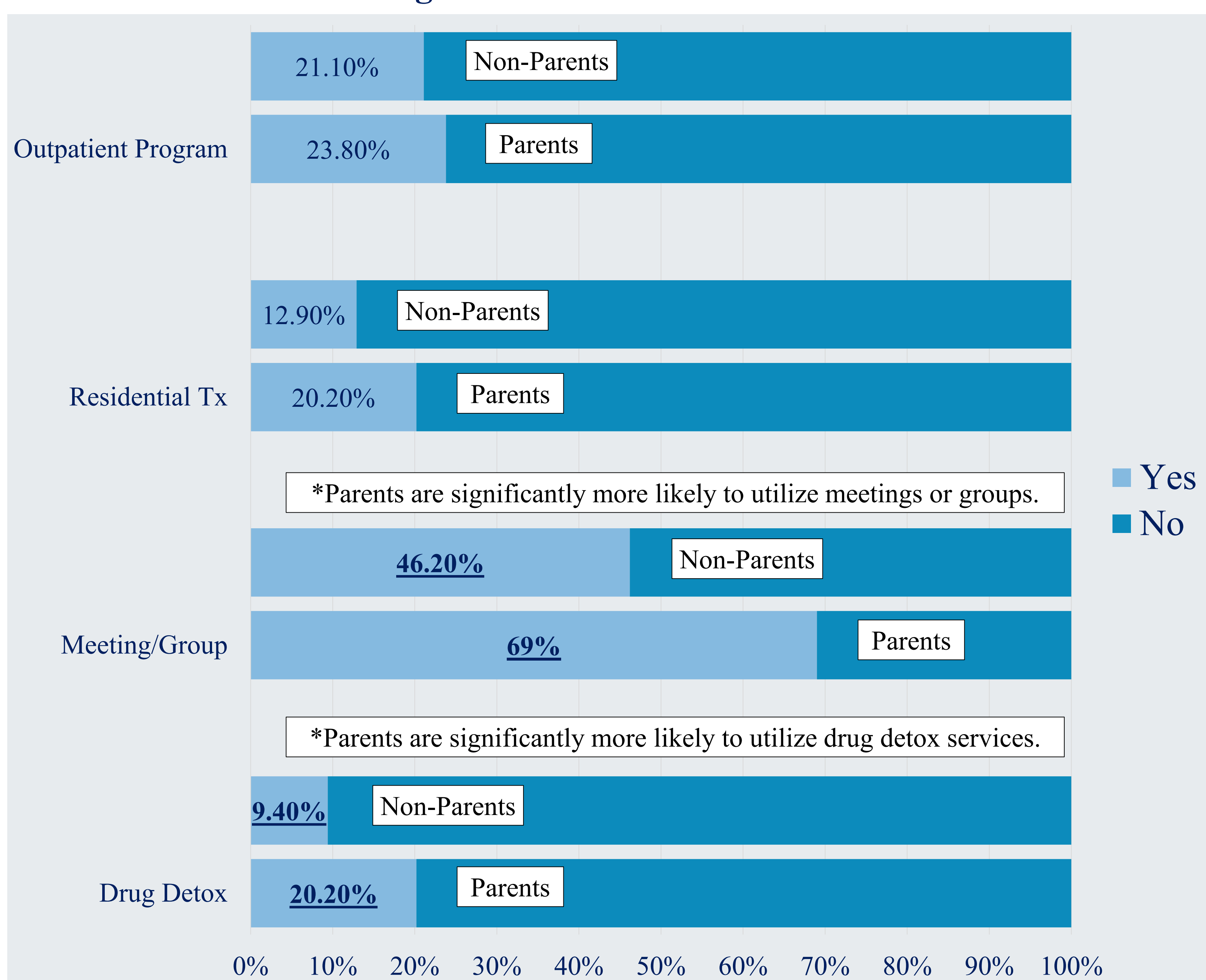
  

Comparison	aOR	95% CI
Non-Parents vs. Parents (Child Over 18)	0.44	[0.24, 0.79]
Non-Parents vs. Parents (Child Under 18)	0.28	[0.13, 0.62]
Parents (Child Over 18) vs. Parents (Child Under 18)	0.32	[0.32, 1.24]

Table 1: Results of Regression Predicting Service Utilization

Variables	aOR	95% CI
<b>Parenting Status (Reference: Non-Parent)</b>		
Child Over 18	2.54	[1.27, 5.32]
Child Under 18	4.14	[1.58, 12.94]
Stigma	1.00	[0.98, 1.03]
Age	0.99	[0.96, 1.03]
Homeless (Reference: No)	1.15	[0.66, 2.03]
Criminal Legal Involvement (Reference: No)	0.95	[0.51, 1.77]
Race (Reference: Black)	1.11	[0.55, 2.22]
Gender (Reference: Male)	0.96	[0.54, 1.69]
Education (Reference: < High School)	—	—
High School	1.35	[0.73, 2.49]
Some College+	1.33	[0.63, 2.83]

Figure 2: Association Between Parenting Status and Types of Treatment Service Utilization Among PWUD



## VI. ACKNOWLEDGEMENTS

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