LATENT TYPOLOGIES OF POLICE CONTACT AND SUBSEQUENT OVERDOSE AND HIV RISK IN A LONGITUDINAL COHORT OF PEOPLE WHO USE DRUGS IN BALTIMORE, MARYLAND

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Background: Policing shapes HIV and overdose risk among people who use drugs (PWUD), yet measuring exposure is methodologically complex. Longitudinal, person-centered methods are needed to advance epidemiological research on policing.

Methods: Data were collected from PWUD in Baltimore, Maryland from 2024-2025. We examined: *i)* distinct patterns of police exposure using latent class analysis at baseline (N=493); and *ii)* associations between baseline class membership and outcomes among 310 PWUD (63%) retained at 6-month follow-up, using logistic regression adjusted for baseline demographics, homelessness, and drug use characteristics. Policing indicators included assistance, routine stops (e.g., asked to move on, ID/warrant checks, searches), informant coercion, and serious misconduct (e.g., physical/sexual violence). Outcomes included nonfatal overdose, injection, and HIV testing.

Results: Three classes of police contact were identified: *minimal* (low prevalence of all police indicators; 63%), *moderate* (27%), and *intensive* (11%). The moderate class was characterized by high prevalence of routine policing indicators (>70%), infrequent serious misconduct (15%), and moderate police assistance (26%). The intensive class was characterized by high prevalence across all indicators, including routine indicators (>75%), serious misconduct (76%), informant coercion (76%), and police assistance (47%). No significant differences in follow-up retention were observed by policing class. Relative to minimal exposure, baseline moderate policing was associated with increased odds of injection (aOR 2.56) and lower odds of HIV testing (aOR 0.59) at follow-up. Baseline intensive policing was associated with significantly increased odds of overdose (aOR 3.91) and recent HIV testing (aOR 3.07).

Conclusions: We identify distinct typologies of police contact which are differentially associated with downstream overdose and HIV risk. Findings underscore the need to account for the multi-dimensional nature of policing as both a structural driver of harm and source of assistance for PWUD at risk of overdose and HIV.

Disclosure of Interest Statement: Authors have no disclosures or conflicts of interest to report