

# Public Health Issue: HIV and Substance Use Disorders

Substance use disorder (SUD) and human immunodeficiency virus (HIV) are pervasive overlapping epidemics with a vast array of social and health consequences at individual and societal levels. Injection drug use with contaminated needles puts the individual at high risk for acquiring and transmitting HIV. Substance use lowers individuals' guard and predisposes to behaviors which put them at risk for HIV. Persons with HIV have high prevalence of alcohol and other drug problems and are at increased risk for accidental overdose, have psychiatric disorders, family and social problems. HIV positive individuals struggle with coping with challenges related to their recovery and treatment of their HIV illness. Substance use often delays HIV treatment, generates serious drug/drug interactions, and contributes to poor adherence to antiretroviral therapy (ART) and HIV treatment. Lack of HIV testing during substance use treatment and inadequate screening and diagnosis of SUDs during HIV treatment could lead to serious medical and psychological problems.

## Background

1. The 2010 National Survey on Drug Use and Health (NSDUH) found that people who inject drugs represent 13% of new HIV cases annually, men who have sex with men (MSM) account for 53%, and heterosexual contacts account for 31%. Drugs that are known to increase high-risk sexual behavior, such as methamphetamines, significantly contribute to HIV infection.
2. The 2010 NSDUH found that African Americans make up 44% of all new HIV infections, however they represent only 12% of the population.
3. There is a high prevalence of comorbidity of SUDs, psychiatric disorders, and HIV illness. Women, racial, ethnic minorities and socially and economically marginalized people are disproportionately affected.
4. The opioid use and overdose epidemic in the U.S. is a national health crisis. Allegheny County, which includes the City of Pittsburgh, is among the hardest hit areas with overdose rates, higher than those seen throughout Pennsylvania and many other states in the country. Injection of heroin and fentanyl risen dramatically in the last five years, and puts people at risk of contracting HIV.
5. The impact of SUDs on families and children is devastating, including considerable emotional and financial burden.
6. Syringe exchange programs and involvement in evidence-based treatment for SUDs, particularly methadone and buprenorphine, decrease the risk of getting infected with HIV.

## Interventions

1. Education regarding high risk behaviors that contribute to becoming infected with HIV and ways to protect oneself from HIV infection (e.g., use of condoms, syringe exchange programs, pre-exposure prophylaxis) has been shown to reduce new HIV infections.
2. Testing for HIV in drug and alcohol programs and screening for substance use in HIV programs is important for early diagnosis and linkage to treatment. Early diagnosis and treatment prevents further spread of HIV.
3. Integrated approach to treatment of HIV, medical, psychiatric, SUDs, and addressing psychosocial issues, such as homelessness and financial problems, provides the best health outcomes.
4. Integrated treatment is crucial for ensuring access to ART and substance use treatment as well as providing people with SUD access to HIV treatment.
5. Integrated buprenorphine treatment for opioid use disorder (OUD) and HIV care is acceptable to providers and feasible in a variety of practice settings. Methadone and extended-release naltrexone are also acceptable treatments for OUD in people with HIV who are on ART.
6. Overdose education and use of naloxone for treatment of opioid overdoses prevents and reduces deaths from opioid use.

## Recommendations

1. Support education and harm reduction interventions to reduce risk of HIV infection and overdose in people with SUDs.
2. Support routine HIV testing and screening, brief intervention, and referral to treatment (SBIRT) for SUDs in all healthcare settings.
3. Support the needs of high risk populations (e.g., MSM and minorities) who are at higher risk of becoming infected with HIV.
4. Support pharmacotherapy for treatment of SUDs in combination with psychosocial services and mutual support groups, such as 12-step fellowships.
5. Support activities to reduce stigma related to HIV, SUDs, and psychiatric disorders through public education initiatives.
6. Support the involvement of concerned significant others and family members in treatment to improve outcomes for SUDs which helps reduce the impact on families and loved ones.
7. Support initiatives to increase access to safe and affordable housing for persons with HIV, SUDs, and psychiatric disorders who have limited resources in the community.

### References:

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