



Opioids and HIV: Converging Epidemics

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Speaker Disclosure

Dr. Melin has no conflicts of interest to disclose.

Today's Objectives

- Review the effects of opioid use in the United States and its impact on HIV transmission
- Discuss how Syringe Service Programs (SSPs) can decrease HIV transmission, save lives, and support overall public safety
- Discuss how medications for opioid use disorder (MOUDs) serve as treatment of OUD and prevention of HIV
- Review the signs of opioid overdose, use of naloxone in opioid reversal and linkage to treatment



Key Terms/Acronyms

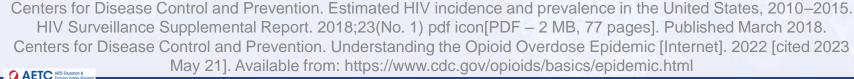
- HIV human immunodeficiency virus
- MAT Medication-assisted treatment
- MOUD medications for opioid use disorder
- OUD Opioid Use Disorder
- PWID People who inject drugs
- SSP Syringe Service Program



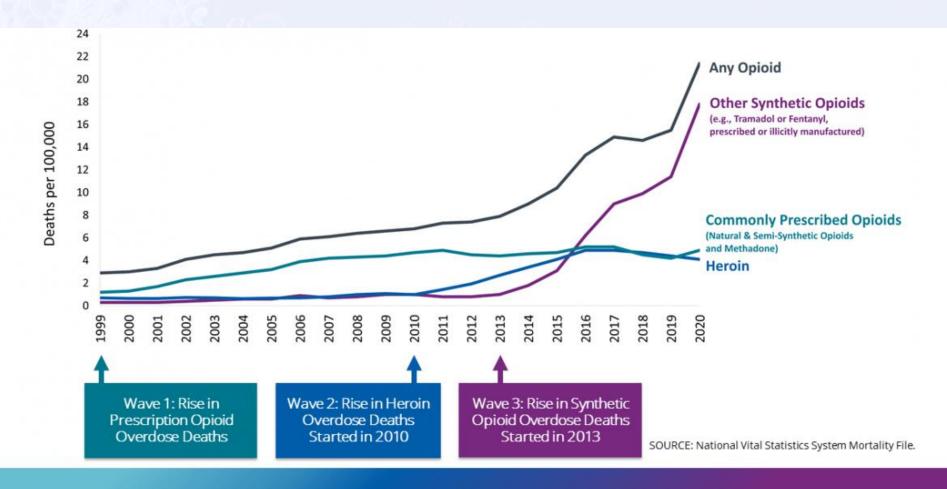
Converging Epidemics

- The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use
 - Over 2,500 new HIV infections occur each year among PWID
- Overdose deaths remain a leading cause of injury-related death in the United States.





Three Waves of Opioid Overdose Deaths



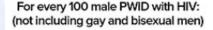


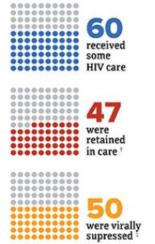
PWID With HIV in the 50 States and DC



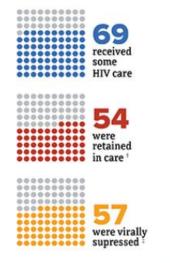
At the end of 2018, an estimated 1.2 MILLION PEOPLE had HIV. Of those, 186,500 were among people with HIV attributed to injection drug use.*

PWID knew they had the virus.

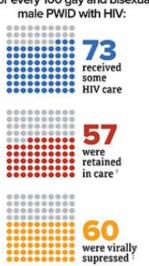




For every 100 female PWID with HIV:



For every 100 gay and bisexual



For comparison, for every 100 people overall with HIV,

65 received some care, 50 were retained in care, and 56 were virally suppressed.

* Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors). †Had 2 viral load or CD4 tests at least 3 months apart in a year.

CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. HIV Surveillance Supplemental Report 2020;25(1).



HIV Testing Among PWID in 23 US Cities (2018)

People who inject drugs (PWID) should get tested for HIV at least once a year.

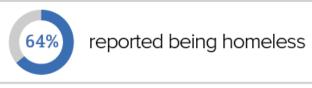


of PWID tested for HIV in the past 12 months

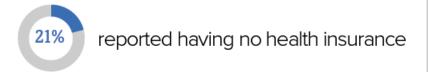


Selected Characteristics Among PWID With HIV in 23 US Cities (2018)

Social and economic factors may limit access to HIV treatment services among PWID with HIV.



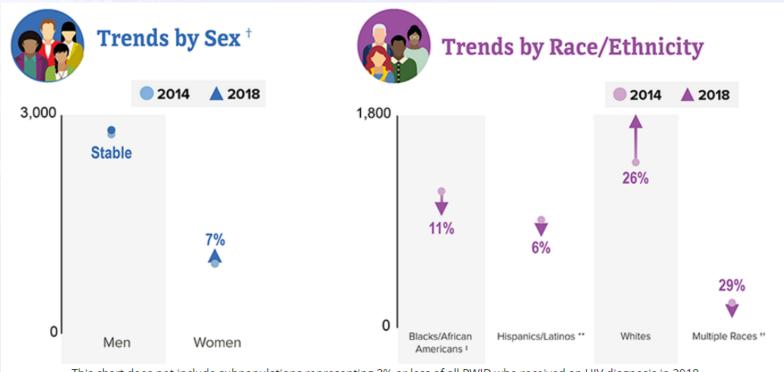








HIV Diagnoses Among PWID in the US and Dependent Areas



This chart does not include subpopulations representing 2% or less of all PWID who received an HIV diagnosis in 2018.

Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.



^{*} Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

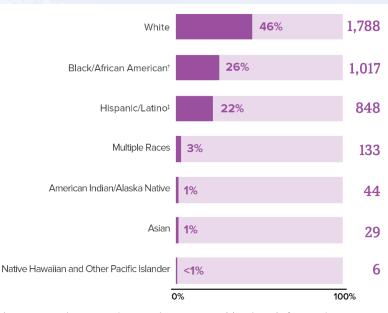
[†]Based on sex assigned at birth and includes transgender people.

[&]quot;Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease."

New HIV Diagnoses Among PWID in the US and Dependent Areas by Sex

White people accounted for the highest number of new HIV diagnoses among people who inject drugs.





* Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

† Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

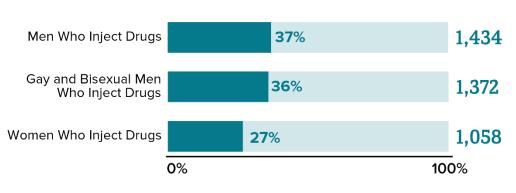
‡ Hispanic/Latino people can be of any race.



New HIV Diagnoses Among PWID in the US and Dependent Areas by Sex

Among people who inject drugs, most new HIV diagnoses were among men.

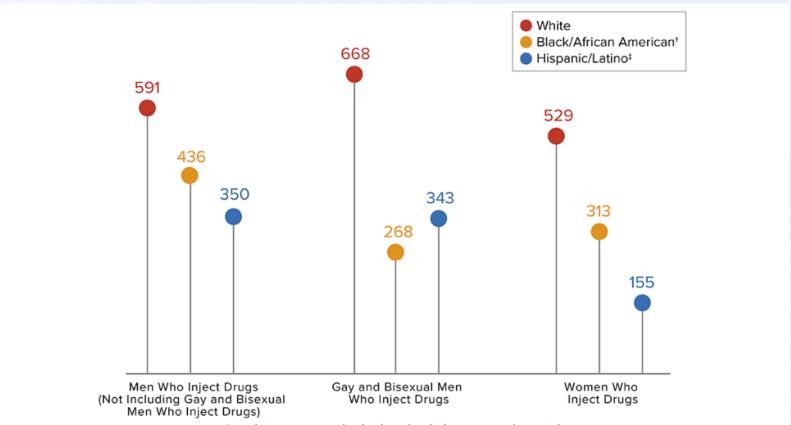






^{*} Based on sex assigned at birth and includes transgender people.

New HIV Diagnoses Among PWID in the US and Dependent Areas by Sex, Race/Ethnicity, and Transmission Category



^{*} Based on sex assigned at birth and includes transgender people.



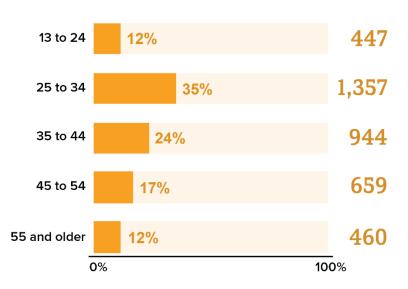
[†] Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for people of African descent with ancestry in North America.

[‡] Hispanic/Latino people can be of any race.

New HIV Diagnoses Among PWID in the US and Dependent Areas by Age

People aged 13 to 34 made up nearly half of all new HIV diagnoses among people who inject drugs.





The numbers have been statistically adjusted to account for missing transmission categories. Values may not equal the total number of PWID who received an HIV diagnosis in 2018.

* Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

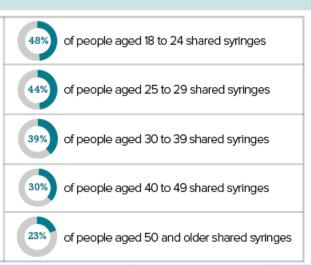


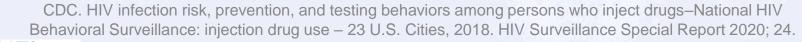
Syringe Sharing Among PWID in 23 US Cities (2018)

Sharing needles, syringes, or other drug injection equipment puts people who inject drugs (PWID) at high risk for HIV and other infections.



Syringe sharing is more common among young people.





Receipt of Syringes from SSPs Among PWID in 23 US Cities (2018)

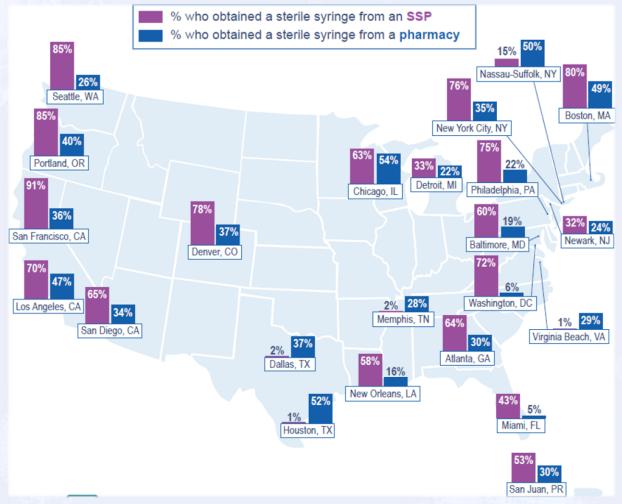
Syringe services programs (SSPs) are effective at reducing syringe sharing and most provide HIV testing and linkage to care.



of PWID reported getting syringes from SSPs



Access to Sterile Syringes Can Prevent Transmission of HIV and Other Infections (2018)



CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use – 23 U.S. Cities, 2018. HIV Surveillance Special Report 2020; 24.



Syringe Services Programs (SSPs)

- SSPs prevent transmission of bloodborne infections
 - Associated with an estimated 50% reduction in HIV and HCV incidence.
 - SSPs combined with MOUD reduce HCV and HIV transmission by over two-thirds
 - Serve as a link to other health services, including HCV and HIV testing and treatment and MOUD



Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. Cochrane Database Syst Rev. 2017;9:CD012021.

Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309.

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Des Jarlais DC, Nugent A, Solberg A, Feelemyer J, Mermin J, Holtzman D. Syringe service programs for persons who inject drugs in urban, suburban, and rural areas — United States, 2013. MMWR Morb Mortal Wkly Rep. 2015;64(48):1337-1341.

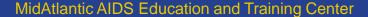


Syringe Services Programs (SSPs)

- SSPs stop substance use and save lives
 - Most SSPs offer referrals for MOUD
 - New users of SSPs are 5 times more likely to enter drug treatment and 3 times more likely to stop using drugs
 - SSPs prevent overdose deaths by teaching PWID how to prevent overdose and how to recognize, respond to, and reverse a drug overdose by providing training on how to use naloxone
 - Many provide "overdose prevention kits" containing naloxone to PWID

Des Jarlais DC, Nugent A, Solberg A, Feelemyer J, Mermin J, Holtzman D. Syringe service programs for persons who inject drugs in urban, suburban, and rural areas — United States, 2013. MMWR Morb Mortal Wkly Rep. 2015;64(48):1337-1341. Tobin KE, Sherman SG, Beilenson P, Welsh C, Latkin CA. Evaluation of the Staying Alive programme: Training injection drug users to properly administer naloxone and save lives. Int J Drug Policy. 2009;20(2):131-136. Centers for Disease Control and Prevention. Syringe Services Programs (SSPs) Fact Sheet [Internet]. 2019 [cited 2023]

May 22]. Available from: https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html



Syringe Services Programs (SSPs)

SSPs support public safety

- SSPs may partner with law enforcement to provide naloxone to help respond to overdoses
- protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community
- Studies in Baltimore and New York City have also found no difference in crime rates between areas with and areas without SSPs



Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. Drug Alcohol Depend. 2012;123(1-3):255-259. de Montigny L, Vernez Moudon A, Leigh B, Kim SY. Assessing a drop box programme: a spatial analysis of discarded needles. Int J Drug Policy. 2010; 21(3):208-214. doi:10.1016/j.drugpo.2009.07.003.

Centers for Disease Control and Prevention. Syringe Services Programs (SSPs) Fact Sheet [Internet]. 2019 [cited 2023 May 22]. Available from: https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html



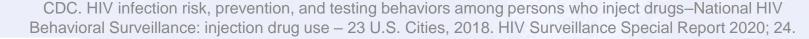
Access to MAT/MOUD Among PWID in 23 US Cities (2018)

Medication-assisted treatment (MAT) can lower HIV risk among PWID by reducing injection drug use.



of PWID tried but were unable to get medicine for opioid use treatment





Medications for OUD Save Lives

- Medication-assisted treatment (MAT)
 - Term commonly used to describe treatment programs for OUD that include pharmacologic therapy
 - Somewhat fallen out of favor due to potential interpretation that medications are complementary or temporary aids on the path to recovery
- Medications for Opioid Use Disorder (MOUD)
 - Combine medications and behavioral therapy to treat substance use disorders and prevent overdose
 - More aligned with conceptual framework of OUD as a chronic disorder for which medications are first-line treatments that are often an integral part of a person's long-term treatment plan



National Academies of Sciences Engineering, Medicine. Medications for Opioid Use Disorder Save Lives. Leshner Al, Mancher M, editors. Washington, DC: The National Academies Press; 2019.

National Academies Key Findings

- 1. OUD is a treatable chronic brain disease.
- FDA-approved medications to treat OUD are effective and save lives
- 3. Long-term retention on medications to treat OUD is associated with improved outcomes
- 4. Lack of availability of behavioral interventions is not a sufficient justification to withhold medications
- 5. Most people who could benefit from MOUD don't receive it, and access is inequitable across subgroups
- 6. Medication-based treatment is effective across all treatment settings - Withholding or failing to make available FDAapproved medication in any setting is denying appropriate medical treatment
- 7. Confronting the major barriers to the use of medications to treat OUD is critical to addressing the opioid crisis



National Academies of Sciences Engineering, Medicine. Medications for Opioid Use Disorder Save Lives. Leshner Al, Mancher M, editors. Washington, DC: The National Academies Press; 2019.

MOUD to Prevent HIV

- Methadone and buprenorphine treatment significantly reduce the use of illicit opioids and HIV transmission risk behaviors (i.e. injection drug use, sharing of injection equipment)
- Treatment with methadone or buprenorphine reduces transmission of HIV infections
- Treatment with methadone or buprenorphine is associated with reduced risk of HIV diagnosis
- Methadone and buprenorphine also improve HIV viral suppression and adherence to antiretroviral therapy.

Gowing, L., M. F. Farrell, R. Bornemann, L. E. Sullivan, and R. Ali. 2011. Oral substitution treatment of injecting opioid users for prevention of HIV infection. Cochrane Database of Systematic Reviews 2011(8):CD004145.

MacArthur, G. J., S. Minozzi, N. Martin, P. Vickerman, S. Deren, J. Bruneau, L. Degenhardt, and M. Hickman. 2012. Opiate

substitution treatment and HIV transmission in people who inject drugs: Systematic review and meta-analysis. BMJ 345:e5945. Woody, G. E., D. Bruce, P. T. Korthuis, S. Chhatre, S. Poole, M. Hillhouse, P. Jacobs, J. Sorensen, A. J. Saxon, D. Metzger, and W. Ling. 2014. HIV risk reduction with buprenorphine-naloxone or methadone: Findings from a randomized trial. Journal of Acquired Immune Deficiency Syndromes 66(3):288–293.



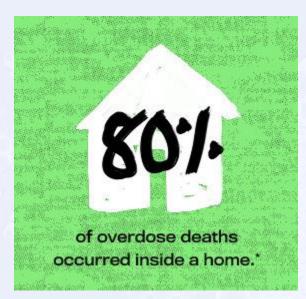
Naloxone Saves Lives

- Naloxone quickly reverses an overdose by blocking the effects of opioids.
 - Can restore normal breathing within 2 to 3 minutes in a person whose breath has slowed, or even stopped, as a result of opioid overdose.
 - Naloxone won't harm someone if they're overdosing on drugs other than opioids – when in doubt, use naloxone!
- Available in 3 formulations
 - Nasal spray, injection, and auto-injection
 - Can be dispensed to anyone and training on administration can be provided in just a few minutes



Naloxone Saves Lives

- Nearly 50,000 people died from an opioid-involved overdose in 2019
 - Estimates between 30-40% someone else is present
 - That's 15,000 to 20,000 potentially preventable overdose deaths in a single year



* Based on CDC Vital Signs report.



Know the Signs of Overdose

- Small, constricted "pinpoint pupils"
- Falling asleep or losing consciousness
- Slow, weak, or no breathing
- Choking or gurgling sounds
- Limp body
- Cold and/or clammy skin
- Discolored skin (especially in lips and nails)



Prevention Challenges

- Access to SSPs
- Prescription opioid and heroin crisis disproportionately affecting nonurban areas which may have limited services for HIV prevention and treatment and substance use disorder treatment
- PWID may also engage in risky sexual behaviors, such as having sex without protection, having sex with multiple partners, or trading sex for money or drugs
- PWID face stigma and discrimination
- PWID may not have access to substance use disorder treatment, including MOUD
- PWID are also at risk for getting other sexually transmitted infections, blood-borne diseases, and bacterial infections



Centers for Disease Control and Prevention. HIV Among People Who Inject Drugs [Internet]. 2022 [cited 2023 May 23]. Available from: https://www.cdc.gov/hiv/group/hiv-idu.html

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