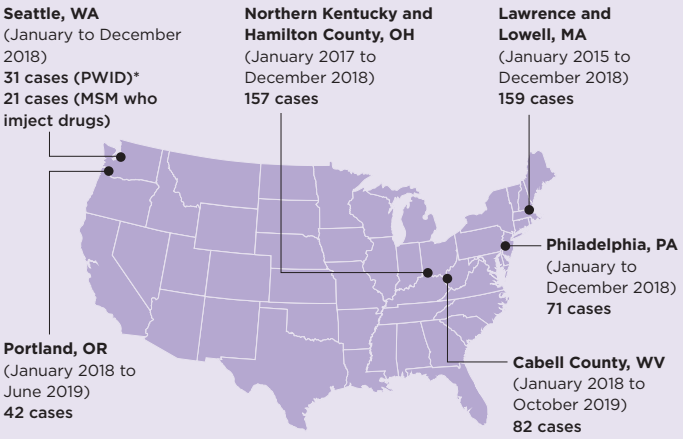
HIV and Hepatitis C Prevention in Opioid Response Initiatives

Beginning with increased prescribing of opioids in the late 1990s, the U.S. began experiencing an epidemic of opioid misuse. In 2022, the U.S. reached a record of approximately 82,000 deaths due to opioid misuse (CDC, Understanding the Opioid Overdose Epidemic, November 2024).

While the attention of policymakers and the public is primarily focused on preventing deaths due to overdose, a critical and sometimes overlooked component of the opioid crisis is the potential spread of HIV, Hepatitis C (HCV), and other infectious diseases that accompany substance use. While new HIV diagnoses among people who inject drugs (PWID) have been relatively stable in recent years, outbreaks of HIV and HCV among networks of people who use drugs have the potential for significant growth in infectious disease cases and the loss of progress at eliminating HIV and HCV transmission. Following a large HIV/HCV outbreak in 2014-2015, the Centers for Disease Control and Prevention (CDC) conducted a 2016 national assessment and identified 220 counties highly vulnerable to infectious disease outbreaks associated with injection drug use (Van Handel, MM, Country-Level Vulnerability Assessment, JAIDS, 2016).

According to the CDC, there were an estimated 2,300 new cases of HIV among PWID in 2022, 7.2% of the total for that year. In the late 1980s, injection drug use (IDU) was the largest HIV transmission group in the U.S., with nearly 35,000 new cases associated with IDU from 1987-1990 (Moore, RD, Clin Infect Dis, 2011). A notable decline in HIV cases among PWID resulted from effective public health policies including prevention outreach, infectious disease testing and treatment and harm reduction efforts such as the provisioning of sterile syringes. HCV cases, however, cases have been on the rise among PWID. The CDC estimates that there were 35,048 acute HCV cases connected to IDU in 2021, with the total number of estimated cases of HCV up 100% since 2015 (CDC 2022 Viral Hepatitis Surveillance Report).

HIV OUTBREAKS AMONG PEOPLE WHO INJECT DRUGS, 2016-2019



*Does not include MSM who inject drugs

Sources: Lyss, SB et al, "Responding to Outbreaks of Human Immunodeficiency Virus Among Persons Who Inject Drugs—United States, 2016–2019: Perspectives on Recent Experience and Lessons Learned," *JID*, 2020, October: 222 (5): S239–S249.

EFFECTIVE INTERVENTIONS TO REDUCE THE IMPACT OF INJECTION DRUG USE

HIV and HCV testing are a critical part of substance use disorder (SUD) interventions and medical care. When individuals are diagnosed with HIV or HCV, ensuring **rapid linkage to medical care** is critical, as well as ensuring access to low-barrier services so that people can receive services without bureaucratic barriers to receiving care.

Testing also provides an access point to provide education on harm reduction services and HIV **pre-exposure prophylaxis (PrEP)**. PrEP, which is available as a daily oral medication or by injection, is highly effective at preventing HIV acquisition. According to CDC, PrEP is more than 99% effective at preventing sexual transmission of HIV and while data are limited, at least 74% effective at preventing HIV among PWID. **Harm reduction** involves a range of services intended to minimize the harm from using drugs, including provision of **sterile syringes**, **fentanyl test strips**, and **naloxone**. The availability of such services also can create a pathway for persons to seek SUD treatment in order to end or reduce the use of opioids.

BOLSTERING STATE PUBLIC HEALTH EFFORTS WITH OPIOID SETTLEMENT FUNDS

Perhaps the biggest opportunity for increasing HIV/HCV testing among SUD populations is the use of **opioid settlement funds to provide testing for infectious diseases, medical care and treatment for those impacted, and prevention education and PrEP to SUD populations**.

Opioid settlement funds are payments from opioid manufacturers, distributors, and pharmacies as part of lawsuits against their companies for marketing and misuse of opioid medications. More than $50 billion will be paid in settlement funds to state and local governments over an 18-year period. Under the largest settlement agreement, at least 70% of funding awarded to states and localities must be

spent on "opioid remediation efforts" defined in the settlement agreement as:

> *"care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2)* ***treat or mitigate opioid use or related disorders****, or (3)* ***mitigate*** *other alleged effects of, including on those injured as* ***a result of, the opioid epidemic****." (NASHP, Understanding Opioid Settlement Plans Across States, December 2022).*

One of the effects of the opioid epidemic has been an increase in infectious disease transmission. It is imperative that lawmakers and policy makers designate a portion of the opioid settlements funds towards public health interventions to diagnose and address infectious diseases that have resulted from opioid use, and to prevent new infections in this population.

Many infectious disease programs in state health departments have been chronically under-funded for years. Health centers and community-based organizations with community trust that offer HIV testing on-site or through mobile outreach often lack sufficient funds to meet all the needs of this population. While some funds exist for HCV curative treatment, low testing rates and a lack of resources to engage and test populations at-risk for HCV (such as SUD populations) result in too few people being cured of HCV. The Ryan White HIV/AIDS Program (RWHAP), which provides medical care and treatment for uninsured or underinsured individuals with HIV has been flat funded at the federal level for more than a decade. Funds from the opioid settlement could potentially provide much-needed resources for public health services, clinics and staff, mobile outreach, increased testing, treatment, and comprehensive medical services.

OTHER OPPORTUNITIES FOR IMPROVING THE HEALTH OF PEOPLE WHO INJECT DRUGS

Include Public Health Officials and Community Stakeholder Input in Allocating Settlement Funds

States' allocations of settlement funds are being made in a variety of ways ranging from the legislature allocating most funds to establishing councils of government officials, clinicians, law enforcement officers, and others to make these decisions. (see https://www.opioidsettlementtracker.com). The councils and bodies governing the settlement funds should include regional public health officials, such as a designated representative from the Department of Health, state Mediciad Program, and state Ryan White HIV/AIDS Program, and infectious disease health care providers. States also should include representative and stakeholders from the affected community, in models that replicate the local Ryan White Planning counsels.

Include PrEP Counseling in SUD Care and Harm Reduction Services

There is a need to improve HIV prevention in SUD care and better integrate PrEP among harm reduction services. Currently, PrEP use is remarkably low among this population, despite high risk for infectious diseases. A study of commercially insured individuals found fewer than 1 in 500 PWID had a pharmacy claim for PrEP (Streed et al, JAMA, 2022). As such, SUD programs should incorporate PrEP education and counseling into their programs. This includes **tailoring PrEP outreach and counseling efforts** to PWID, as well as providing HIV testing and other services associated with PrEP initiation and ongoing PrEP use.

Include HIV/HCV Testing and PrEP Counseling in Medicaid SUD Waivers

Medicaid is the largest provider of health services for SUD populations. The Centers for Medicare and Medicaid Services (CMS) should incorporate infectious disease prevention and testing into their SUD **Medicaid 1115 waiver initiative**. Currently, the CMS SUD waiver goals do not include HIV/HCV testing, or HIV prevention through PrEP, nor are they included in the waiver evaluation (CMS, State Medicaid Director Letter, November 1, 2017). CMS should update this waiver opportunity to specifically integrate these interventions into new SUD waiver applications and renewals of current SUD waivers going forward.

Responding to the opioid crisis is complex and requires a long-term commitment and a variety of interwoven strategies. **The absence of infectious disease testing as part of a comprehensive approach to the opioid crisis, however, is a problematic missed opportunity. States can do more to ensure opioid settlement funds are allocated with the goal of supporting comprehensive HIV and HCV testing and treatment strategies to help better address the opioid crisis and its impact on public health**.

TO LEARN MORE

For additional background information, see:

O'Neill Institute Center on Addiction and Public Policy, Quick Take: State Legislative Round-Up, August 2024, https://oneill.law.georgetown.edu/wp-content/uploads/2024/08/2024-APP-Legislative-Roundup-QuickTake-8.5x11.pdf and Quick Take: Conflicts of Interests and Opioid Litigation Proceeds: Ensuring Fairness and Transparency, October 2023, https://oneill.law.georgetown.edu/wp-content/uploads/2023/10/ONL_QT_Opioid_Conflict_Interest_P6-FINAL.pdf

Kaiser Health News, Payback: Tracking the Opioid Settlement Cash website, accessed on December 3, 2024 https://kffhealthnews.org/opioid-settlements/.

Furukawa, NW et al, Missed Opportunities for Human Immunodeficiency Virus (HIV) Testing During Injection Drug Use–Related Healthcare Encounters Among a Cohort of Persons Who Inject Drugs With HIV Diagnosed During an Outbreak—Cincinnati/Northern Kentucky, 2017–2018, Clinical Infectious Diseases, 2021, June; 72(11) 1961–1967.

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