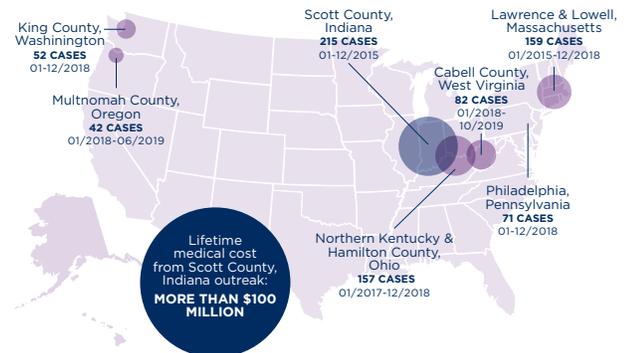# IMPROVING THE HEALTH OF PEOPLE WHO USE DRUGS AND PEOPLE IN RECOVERY IS ESSENTIAL FOR ENDING THE HIV EPIDEMIC

HIV AND DRUG USE ARE INEXTRICABLY INTERTWINED. The communities most heavily impacted by HIV often shoulder the heaviest burden of substance use disorders and experience structural racism and stigma. New approaches are needed that support individuals and improve the public's health.

Today, one in ten new HIV diagnoses in the U.S. are attributed to people who inject drugs, with other forms of drug use contributing to additional transmissions. New HIV cases among this group increased 9% from 2014 to 2018. Success at achieving the goals of the **Ending the HIV Epidemic (EHE) Initiative** depends on doing more to strengthen communities, reduce the harm associated with drug use, and prevent disease transmission. The need for concerted action is only heightened by the COVID-19 crisis, which has led to an increase in substance use and overdoses.

HIV OUTBREAKS HAVE BEEN OCCURRING ACROSS THE UNITED STATES AMONG PEOPLE WHO INJECT DRUGS

King County, Washington
52 CASES
01-12/2018

Multnomah County, Oregon
42 CASES
01/2018-06/2019

Scott County, Indiana
215 CASES
01-12/2015

Lawrence & Lowell, Massachusetts
159 CASES
01/2015-12/2018

Cabell County, West Virginia
82 CASES
01/2018-10/2019

Philadelphia, Pennsylvania
71 CASES
01-12/2018

Northern Kentucky & Hamilton County, Ohio
157 CASES
01/2017-12/2018

Lifetime medical cost from Scott County, Indiana outbreak:
MORE THAN $100 MILLION

SOURCE: Sheryl B. Lyss, et al, 222 J Infect Dis, S239-49 (Sep. 2, 2020).

CRITICAL POLICY ACTIONS TO MEET THE NEEDS OF PEOPLE WHO USE DRUGS

DEVELOP TAILORED PLANS

The opioid use epidemic is affecting more than 2.1 million persons, with more than 700,000 deaths since 1999. In 2017, 964,000 people were reported to have a meth use disorder. In 2018, there were 12,677 overdose deaths involving psychostimulants, primarily methamphetamine. In the same year, over 31,000 people died from overdoses involving synthetic opioids other than methadone, including fentanyl.

• States, tribal nations, and local jurisdictions should develop their own evidence-based plans with active engagement of people who use drugs.

DEPLOY INTERVENTIONS AT GREATER SCALE

A substance use disorder (or addiction) involves recurrent use of substances that causes clinically significant impairment. Harm reduction involves a set of practices to reduce the harm associated with drug use, including syringe services programs (SSPs) and medication-based treatment. SSPs have been shown to reduce HIV and HCV transmissions, and medication-based treatment is the most effective way to treat opioid use disorders.

• Eliminate prescribing barriers for medication-based treatment (i.e. prior authorization and X-Waiver requirement).

• Expand service delivery options (i.e. mobile health units and navigator programs).

• Develop new metrics for assessing service capacity.

• Expand access to HIV screening, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) services and behavioral and medication-based interventions, and push for the legalization of overdose prevention sites.

DECRIMINALIZE SUBSTANCE USE

In 2018, there were more than 1.6 million drug arrests, with more than 86% being for drug possession alone. New approaches are needed, including decriminalizing personal drug consumption. In 2001, Portugal decriminalized drug possession, and since doing so, overdose deaths and new HIV cases have declined.

• Re-orient drug use policy to enhance prevention, harm reduction, and treatment of addiction.

• Allocate some current investments in law enforcement to community-supported, evidence-based prevention and treatment programs.

COMMUNITY RESPONSES OFFER A PATH FORWARD

Meth use is a significant factor in HIV transmission and poor treatment outcomes. One study found that one-third of HIV seroconversions among sexual and gender minorities engaged in regular meth use. Leadership is needed to (1) create more supportive communities and make health care settings welcoming to people who use drugs; (2) expand access to cognitive/behavioral therapy and contingency management interventions and accelerate the development of medication treatment options for meth addiction; (3) provide status-neutral HIV services in settings that support people who use meth; and (4) increase education about meth and raise awareness of harm reduction and substance use treatment services. **People who use drugs are showing how to chart a better public response (some examples are listed in the issue brief).**

BIG IDEAS IN BRIEF