HIV and Substance Abuse: A Focus on Corrections

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- **Faculty Disclosures - I have the following financial disclosures:**

Gilead Pharmaceuticals - Shareholder

Substance Use and Co-Occurring Mental Disorders

A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs.

Researchers have found that about half of individuals who experience a SUD during their lives will also experience a co-occurring mental disorder and vice versa. Co-occurring disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and schizophrenia, among others.

Source: National Institute of Mental Health

Epidemics: Substance Abuse & Mental Illness & Incarceration are linked

- ***Causes:***
  - Behavior with legal and health consequences:
    - Substance abuse and the crimes associated with substance abuse
- ***Catchment:***
  - Poor, jobless, homeless, mentally ill
    - Inadequate legal representation
    - Inadequate money for bail
    - Inadequate access to healthcare
- ***Characteristics:***
  - Lack of health insurance
  - Lack of education

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Epidemics: Substance Abuse & Incarceration are linked

- The substantial prison population in the United States is strongly connected to drug-related offenses.
- While the exact rates of inmates with substance use disorders (SUDs) is difficult to measure, some research shows that an **estimated 65% percent** of the U.S. prison population has an active SUD.
- **Another 20% percent** did not meet the official criteria for an SUD, but were under the influence of drugs or alcohol at the time of their crime.

Source: NIDA. 2020, June 1. Criminal Justice Drug Facts. Retrieved from https://nida.nih.gov/publications/drugfacts/criminal-justice on 2022, July 22

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Epidemics: Substance Abuse & Incarceration are linked

- 32% of fatal car crashes involve the use of drugs, 57% had high blood alcohol levels and 21% involved both[1]
- Alcohol and drugs are implicated in 80% of offenses leading to incarceration including domestic violence and property crimes[2]
- Substance use exists in 40 - 80% of families where the children are victims of abuse[3]
- Up to 2/3 of people in treatment for drug use disorders report that they were physically, sexually and/or emotionally abused during childhood[4]

Source: PCSS (Providers Clinical Support System) – Funded by SAMSHA

HIV AND SUBSTANCE USE

Substance use disorders, which are problematic patterns of using alcohol or another substance, such as crack cocaine, methamphetamine ("meth"), amyl nitrite ("poppers"), prescription opioids, and heroin, are closely associated with HIV and other sexually transmitted diseases.

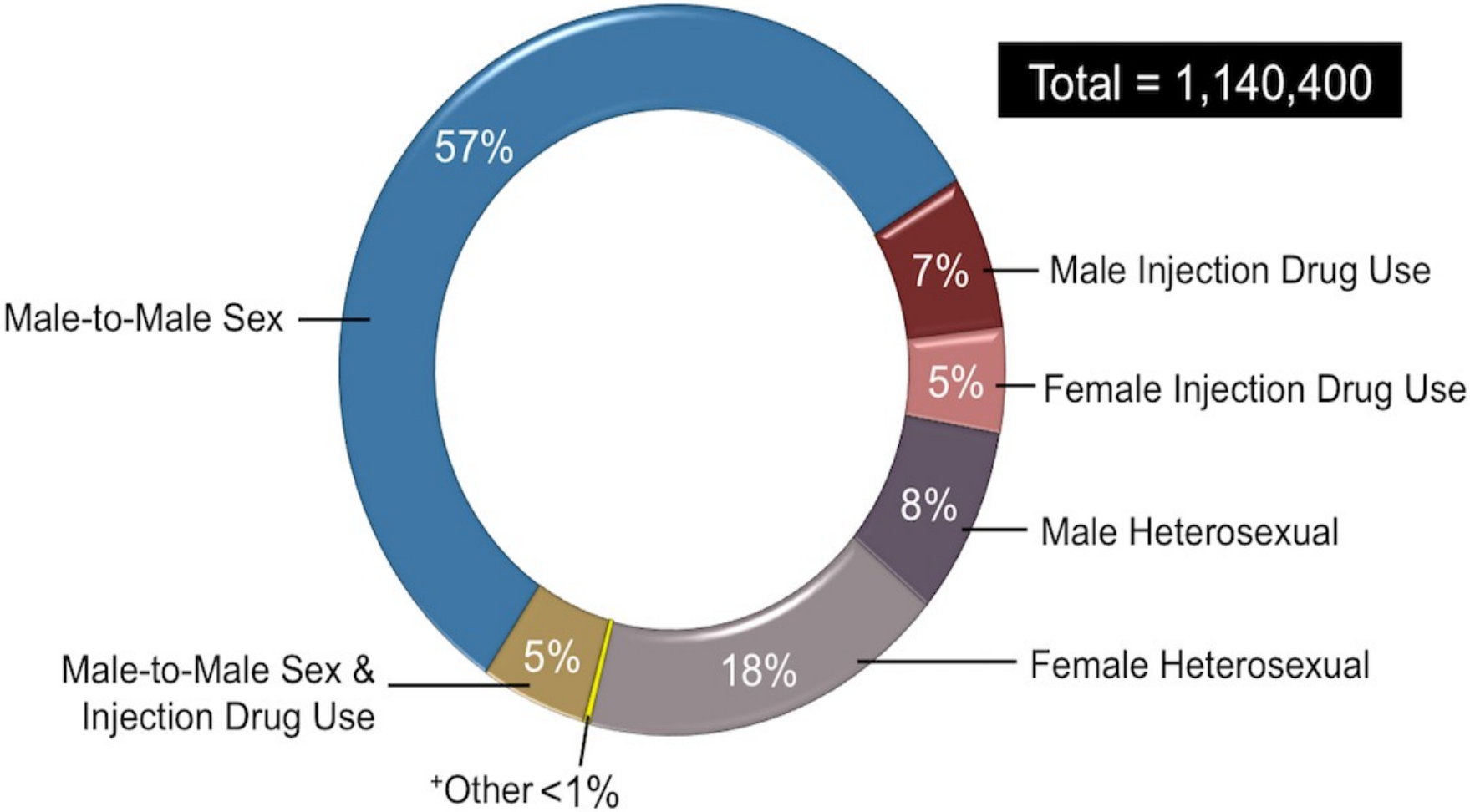
LEARN ABOUT YOUR HIV RISK AND HOW TO LOWER IT

Injection drug use (IDU) can be a direct route of HIV transmission if people share needles, syringes, or other injection materials that are contaminated with HIV. However, drinking alcohol and ingesting, smoking, or inhaling drugs are also associated with increased risk for HIV. These substances alter judgment, which can lead to risky sexual behaviors (e.g., having sex without a condom, having multiple partners) that can make people more likely to get and transmit HIV.

In people living with HIV, substance use can hasten disease progression, affect adherence to antiretroviral therapy (HIV medicine), and worsen the overall consequences of HIV.

Source: CDC – HIV and Substance Use

Persons Living with Diagnosed and Undiagnosed HIV in the United States, HIV Transmission Category for Males and Females



+Other = hemophilia, blood transfusion, and risk factor not reported or identified.

Source: Centers for Disease Control and Prevention. Estimated HIV Incidence and Prevalence in the United States, 2019. HIV Surveillance Supplemental Report.

Recognizing that SUD, Mental Illness & HIV & Incarceration are linked…HIV Care is Best Done as a Collaborative Correctional Team Effort

Medical Clinicians & Psychiatry & Mental Health Staff & Nursing & each hold a piece of the puzzle that is our patients

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Injection Drug Use and HIV Risk

Sharing needles, syringes, or other drug injection equipment (for example, cookers) puts people at risk for getting or transmitting HIV and other infections.

About 1 in 10 new HIV diagnoses in the United States are attributed to injection drug use or male-to-male sexual contact *and* injection drug use.*

Risk of HIV

The risk for getting or transmitting HIV is very high if an HIV-negative person uses injection equipment that someone with HIV has used. This is because the needles, syringes, or other injection equipment may have blood in them, and blood can carry HIV.

1/160

An HIV-negative person has a 1 in 160 chance of getting HIV every time they use a needle that has been used by someone with HIV.

#2

Sharing syringes is the second-riskiest behavior for getting HIV. Receptive anal sex is the riskiest.

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

of PWID shared syringes

Syringe sharing is more common among young people.

of people aged 18 to 24 shared syringes

of people aged 25 to 29 shared syringes

of people aged 30 to 39 shared syringes

of people aged 40 to 49 shared syringes

of people aged 50 and older shared syringes

Source: 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 [PDF – 2 MB]. *HIV Surveillance Special Report* 2020; 24.

Access to Medication-Assisted Treatment Among People Who Inject Drugs 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

Source: 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.

HIV Testing Among People Who Inject Drugs 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

Source: 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.

HIV- and HCV-affected communities (Overlap)

Hepatitis C and **HIV**
are often-overlooked consequences of America's **opioid crisis**.

EIGHT IN TEN

new Hepatitis C infections in the U.S. are transmitted through **injection drug use**.

Nearly

ONE IN TEN

new HIV infections in 2015 were due to **injection drug use**.

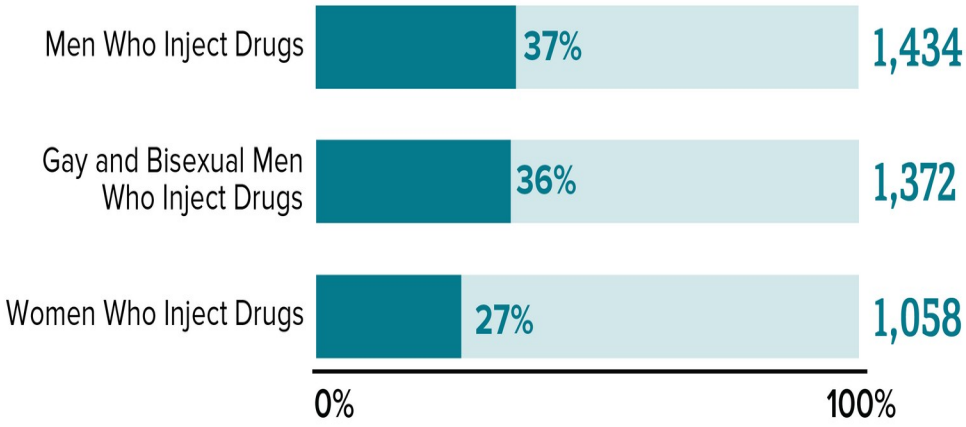
HepVu.org

SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

HepVu

New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Sex, 2018*

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

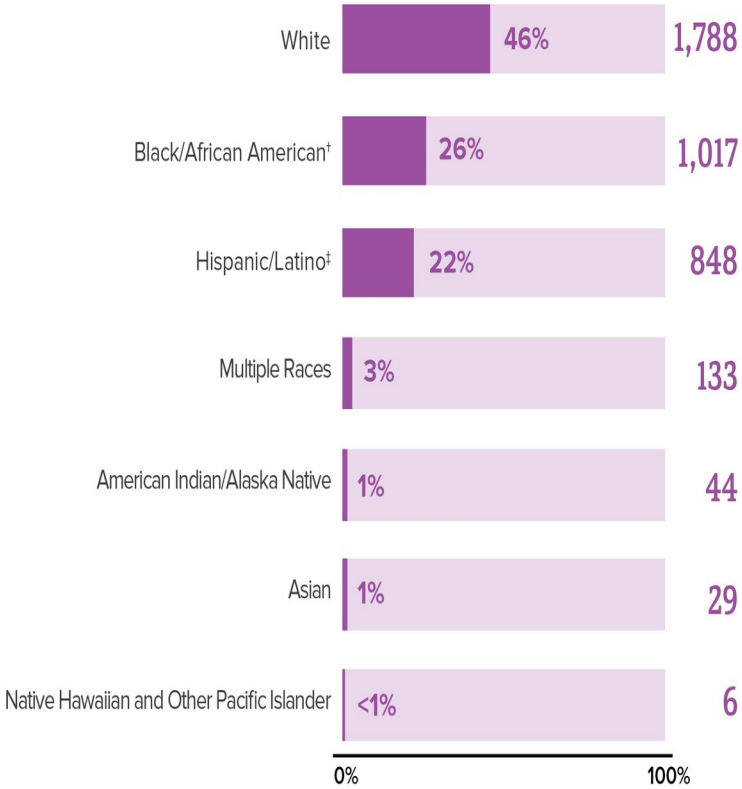


* Based on sex assigned at birth and includes transgender people.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Race/Ethnicity, 2018*

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

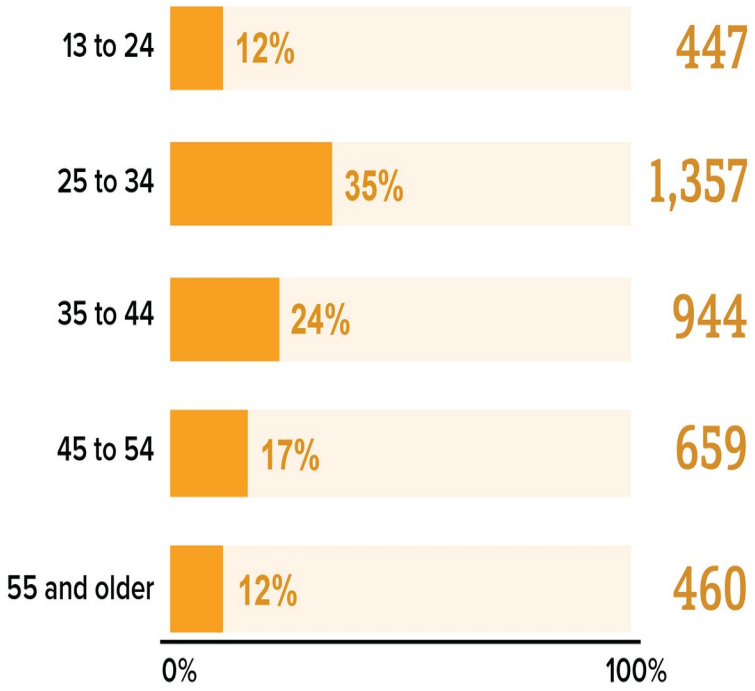


* Includes infections attributed to male-to-male sexual contact *and* injection drug use (men who reported both risk factors).
† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.
‡ Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

New HIV Diagnoses Among People Who Inject Drugs in the US and Dependent Areas by Age, 2018*

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).

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

Reducing the Risk of Acquiring HIV

Reducing the Risk

The best way to reduce the risk of getting or transmitting HIV through injection drug use is to stop injecting drugs. PWID can talk with a counselor or health care provider about treatment for drug addiction or substance use disorder, including medication-assisted treatment. People can find treatment centers through the locator tools on the Substance Abuse and Mental Health Services Administration (SAMHSA) website (www.samhsa.gov) or www.hiv.gov, or calling 1-800-662-HELP (4357).

People who continue injecting drugs should never share needles, syringes, or other injection equipment. Many communities have syringe services programs (SSPs) where people can get free sterile needles and syringes and safely dispose of used ones (www.cdc.gov/ssp/index.html). SSPs can also refer people to treatment for drug addiction or substance use disorder and help them get tested for HIV and hepatitis. People can contact their local health department or the North American Syringe Exchange Network (https://nasen.org) to find an SSP. Also, some pharmacies may sell needles and syringes without a prescription.

ADDITIONAL RESOURCES:

CDC: Drug Use and HIV
www.cdc.gov/hiv/risk/drugs

CDC: Syringe Service Programs
www.cdc.gov/ssp/index.html

CDC: Overdose Prevention
www.cdc.gov/drugoverdose/prevention/index.html

amfAR Opioid and Health Indicators Database
http://opioid.amfar.org

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Reducing the Risk of Acquiring HIV

HIV Prevention

Syringe Services Programs

Syringe services programs (SSPs) are community-based prevention programs that provide a range of services, including access to sterile needles and syringes, facilitation of safe disposal of used syringes, and provide and link people to other important services and programs, such as substance use disorder treatment, vaccination, testing, and linkage to care and treatment for infectious diseases.

Receipt of Syringes from Syringe Services Programs Among People Who Inject Drugs 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

Source: 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 [PDF – 2 MB]. *HIV Surveillance Special Report* 2020; 24.

Challenges!

Many communities do not have the resources or support to establish effective syringe services programs (SSPs). Barriers to SSPs include legal and regulatory issues, insufficient funding, and misunderstandings about the effectiveness and safety of SSPs.

The prescription opioid and heroin crisis has led to increased numbers of PWID, placing new populations at risk for HIV. The crisis has disproportionately affected nonurban areas, where HIV prevalence rates have been low historically. These areas have limited services for HIV prevention and treatment and substance use disorder treatment.

Additional Challenges!

PWID may face stigma and discrimination. Although substance use disorder is a health issue that requires treatment, it is often viewed as a criminal activity. Stigma and mistrust of the health care system may prevent PWID from seeking HIV testing, care, and treatment.

PWID may not have access to substance use disorder treatment, including medication-assisted treatment (MAT) and medication for opioid use disorder (MOUD). MAT and MOUD can lower HIV risk among PWID by reducing injection drug use. Also, PWID who have HIV are more likely to take HIV medicine as prescribed if they are on MAT or MOUD. Barriers may include lack of prescribers, legal and regulatory issues, insurance coverage, and confusion about the use of MAT and MOUD.

Resource Available From the CDC! A Guide For Health Departments

Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs

A GUIDE FOR STATE AND LOCAL HEALTH DEPARTMENTS

March 2018

Version 1.0

Resource Available From the CDC!

HIV or HCV outbreaks can be defined as follows:

An increase in diagnoses above what is normally expected in a geographic area or population during a particular period **AND** evidence of **recent transmission** of HIV or HCV among case-patients.

Outbreak preparedness and detection

Chapter 1: Introduction to outbreak detection and response among people who inject drugs

What is an outbreak?

HIV and HCV infection affect every community. If adequate testing and surveillance are available, a baseline prevalence of these infections can be established. Establishing baseline prevalence helps estimate the number of new diagnoses expected in a community. An outbreak refers to an increase in the number of new diagnoses in excess of the number expected in a particular geographic area or population during a particular period. The related term *cluster* refers to new diagnoses that may be grouped by similar epidemiologic features (grouped by place and time) or matching viral sequences (a molecular cluster). HIV or HCV outbreaks can be defined as follows:

> An increase in diagnoses above what is normally expected in a geographic area or population during a particular period **AND** evidence of **recent transmission** of HIV or HCV among case-patients.

Recent transmission typically refers to transmission of HIV or HCV within the previous six months.

HIV Prevention: What if there was a medication that could help prevent HIV?

There is = PrEP

PrEP (PRE-EXPOSURE PROPHYLAXIS)

CDC Guidelines: Current PrEP Options

	FTC/TDF	FTC/TAF	CAB-LA
FDA Approval Date	**2012**	**2019**	**2021**
Administration	Oral	Oral	Intramuscular
Dosing Frequency	Daily	Daily	Lead in: Monthly for 2 months Maintenance: Every 2 months
Drug Interactions	Rare	Few	Few

CDC = Centers for Disease Control and Prevention; TDF = Tenofovir Disoproxil Fumarate; TAF = Tenofovir Alafenamide; FTC = Emtricitabine; CAB-LA = Cabotegravir-Long Acting; eCrCl = Estimated Creatinine Clearance

CDC. Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the US—2021 Update: A Clinical Practice Guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed 6/16/22; FDA. APRETUDE [Package Insert]. Accessed 4/6/22; FDA. DESCOVY [Package Insert]. Accessed 4/6/22; FDA. TRUVADA [Package Insert]. Accessed 4/6/22.

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HIV Prevention: There is

New Updates: 2021 Clinical Practice Guidelines

Identifying Indications for PrEP

ALL sexually active adults and adolescents should be informed about PrEP for prevention of HIV acquisition; people who request PrEP should be offered it, even if no specific risk behaviors are elicited

Indications for Sexually Active Persons

- Partner with HIV, especially with unknown or detectable VL
- ≥ 1 sex partner and inconsistent condom use
- Bacterial STI in the past 6 months

Indications for People Who Inject Drugs

- Injected in the last 6 months
- Share injection drug equipment

CDC = Centers for Disease Control and Prevention; STI = Sexually Transmitted Infection; VL = Viral Load; PrEP = Pre-Exposure Prophylaxis

CDC: U.S. Public Health Service. Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update: A Clinical Practice Guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed 4/6/2022; U.S. Preventive Services Task Force. Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis. Accessed 5/31/22; Ogbuagu O, et al. CROI 2020. Boston, MA. Abstract 92; Hare B, et al. CROI 2019. Seattle, WA. Abstract 104LB.

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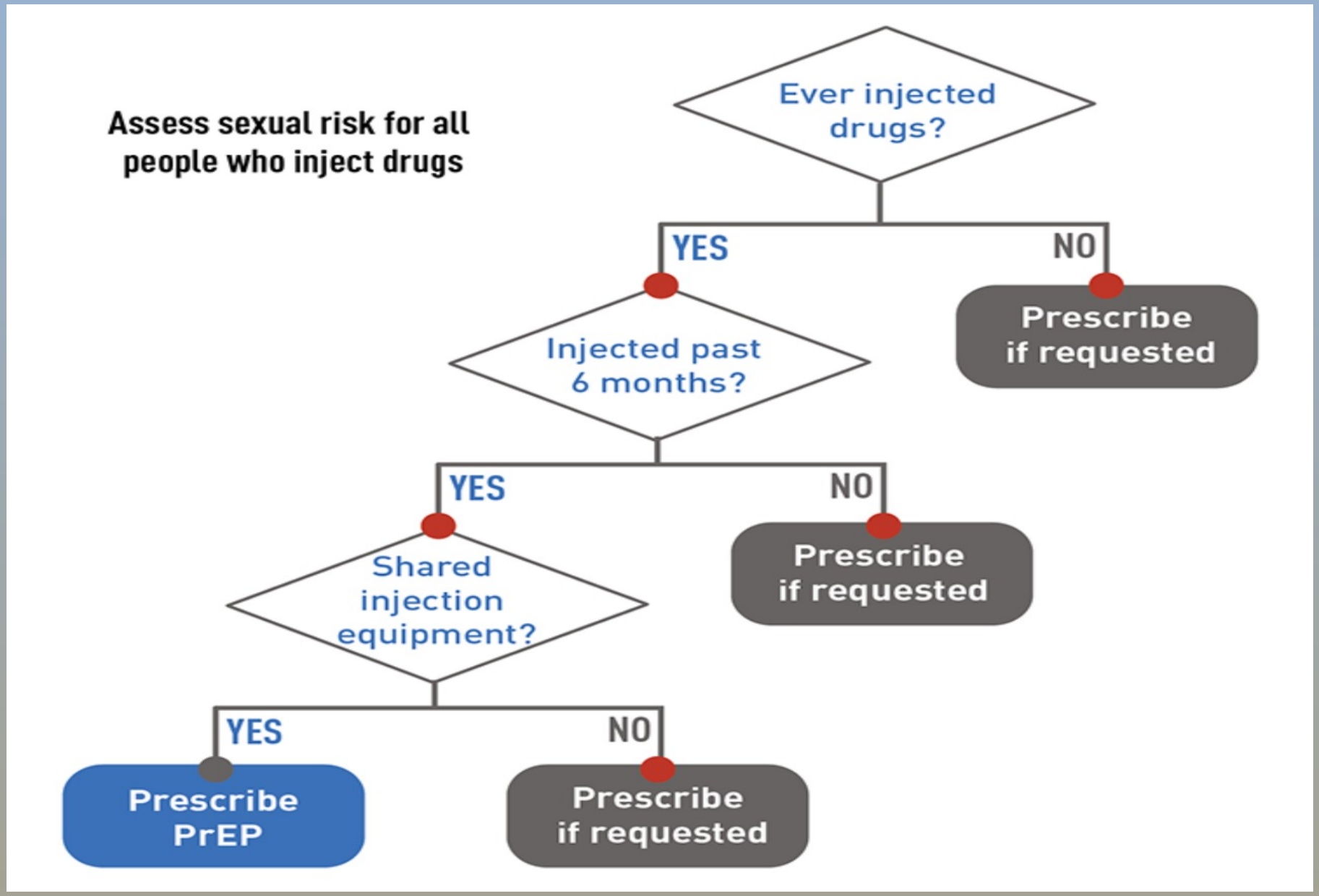
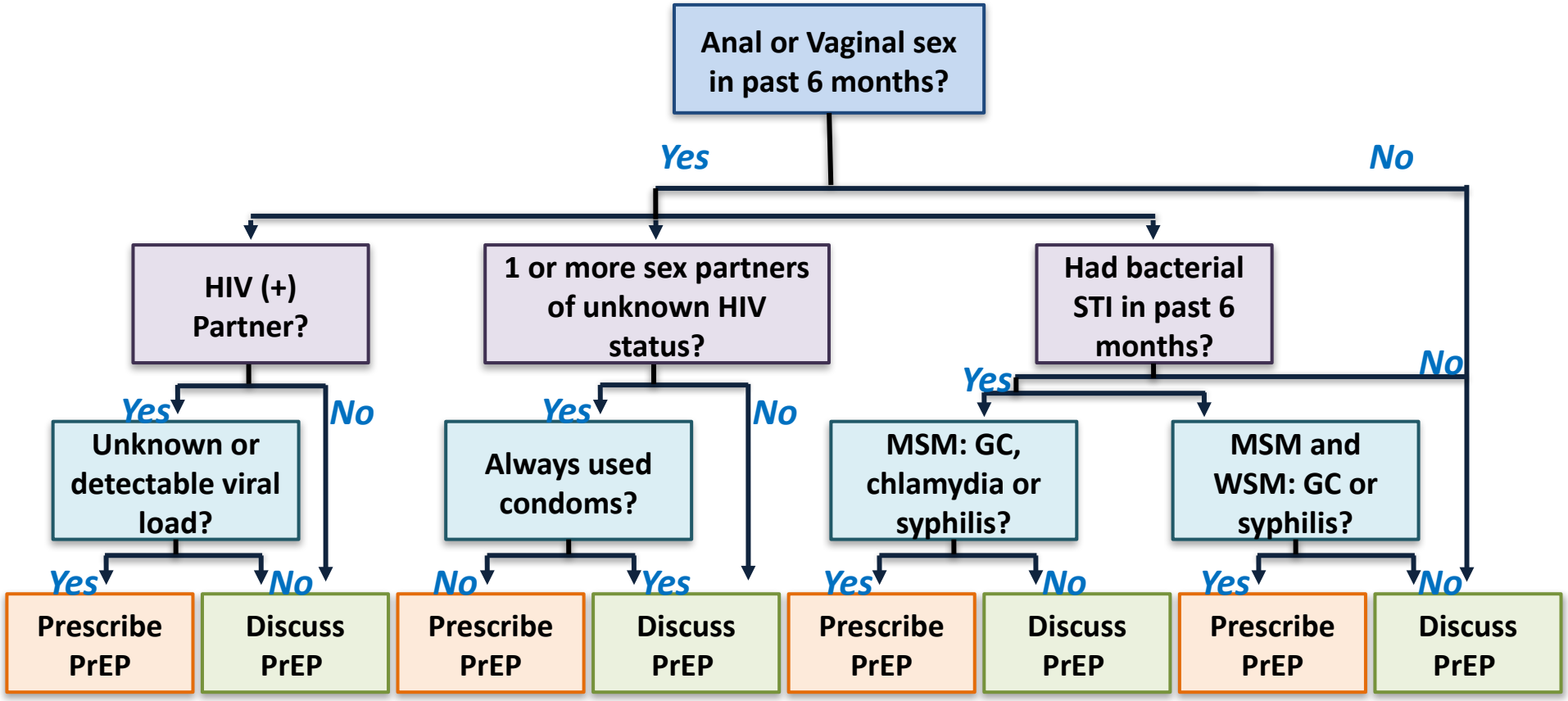
CDC PrEP Guidance: For IVDU



Assessing Indications for PrEP in Sexually Active Persons



PrEP = Pre-Exposure Prophylaxis; STI = Sexually Transmitted Infection; MSM = Men who have Sex with Men; WSM = Women who have Sex with Men; CDC = Centers for Disease Control and Prevention; GC = Gonorrhea

CDC: U.S. Public Health Service. Pre-Exposure Prophylaxis for the Prevention of HIV Infection in the United States—2021 Update: A Clinical Practice Guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed 6/16/2022.

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HIV Prevention: There is

How will my patients pay for PrEP medication, clinical visits, and lab tests?

Most insurance plans and state Medicaid programs cover oral PrEP. Prior authorization may be required.

Uninsured patients can be assisted to apply for Medicaid or Affordable Care Act (ACA) marketplace insurance programs if they are eligible. To assist patients in choosing an ACA plan for PrEP coverage, visit NASTAD .

Assistance for oral PrEP. Various programs are available to help patients pay for oral PrEP medication, co-pays, and clinical visits and lab costs.

Ready, Set, PrEP makes PrEP medication available at no cost to patients without HIV who have a prescription but no insurance coverage for PrEP medication, regardless of income. To learn more, call toll-free 1-855-447-8410 or visit Ready, Set, PrEP .

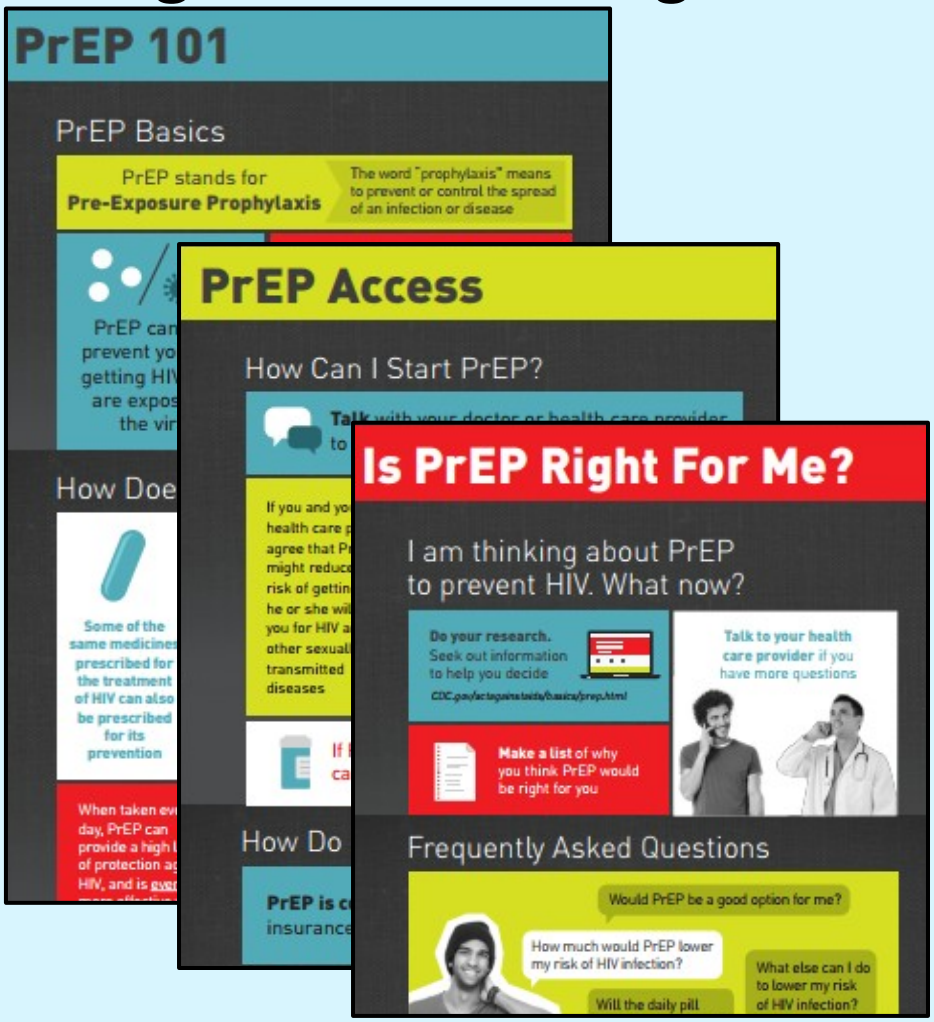
The Gilead Sciences ***Advancing Access*** program offers eligible patients assistance with medication costs. For more information, visit Gilead's Advancing Access .

Additionally, some states have their own PrEP assistance programs. Some cover medication, some cover clinical visit and lab costs, and some cover both. To learn more, visit NASTAD .

Assistance for injectable PrEP. ViiVConnect offers a medication assistance program to help patients pay for CAB injections. For more information, visit ViiVConnect .

What If Your Correctional Setting Is Not Directly Involved in PrEP Prescribing and Monitoring?

- **You can still be an advocate for HIV prevention**
- **Keep information in your medical department on who could benefit from PrEP and where PrEP services can be accessed in your area**
  - PrEP locator: www.preplocator.org
  - PleasePrEPMe: www.pleaseprepme.org
- **CDC provides educational resources:** https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html



Slide credit: clinicaloptions.com

PleasePrEPMe.org @https://pleaseprepme.org/

please PrEP me

WHAT IS PREP? FIND A PROVIDER PREP RESOURCES WHAT IS PEP? WHAT IS U-U? ADD LOCATION ABOUT Español

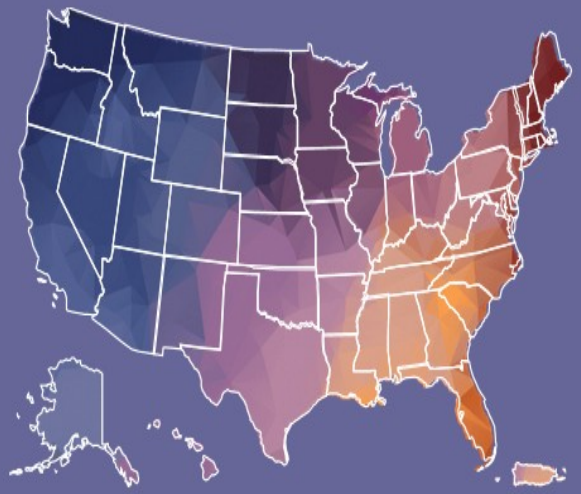
Find a PrEP Provider

Enter your city or ZIP code

- OR -

Use the interactive map to search by state

Not sure how to search for a PrEP Provider? Get tips here.



Chat! ¡Chatea!

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HIV/AIDS: Updates

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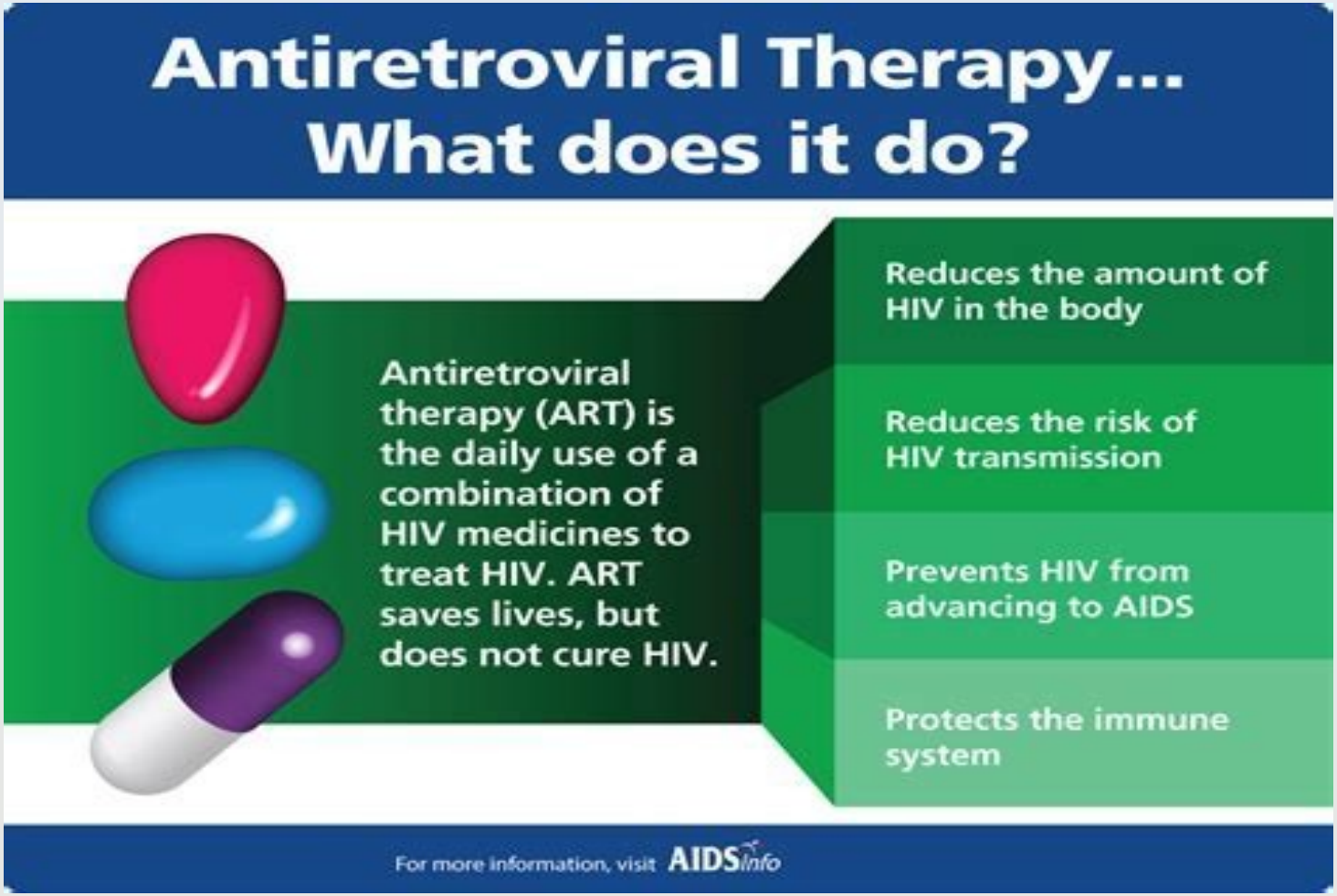
HIV Treatment



HIV and HIV Care: Goal vs. Reality

Reality about HIV in the United States:

- **86% of persons with HIV aware of their infection**
- **74% of persons with diagnosed infection in care**
- **83% of persons in care with viral suppression**

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HIV Guidelines @

Clinical Guidelines

The federally approved clinical practice guidelines for HIV/AIDS are developed by panels of experts in HIV care. More information about the panels can be found in each set of guidelines.

The guidelines are available in multiple formats. The brief versions of the guidelines are compilations of the panels' treatment recommendations and tables.

Guidelines search *Guideline Search Term...* Filters

Federally Approved Clinical Practice Guidelines for HIV/AIDS

HIV Clinical Guidelines: Adult and Adolescent ARV

Updated: May. 03, 2022

HIV Clinical Guidelines: Adult and Adolescent Opportunistic Infections

Updated: May. 03, 2022

HIV Clinical Guidelines: Pediatric ARV

Updated: May. 26, 2022

HIV Clinical Guidelines: Pediatric Opportunistic Infections

Updated: May. 03, 2022

Perinatal HIV Clinical Guidelines

Updated: Jun. 15, 2022

What is in the DHHS guidelines?
Available at: hivinfo.nih.gov

- What is New in the Guidelines
- Baseline Evaluation
- Lab Testing
- Treatment Goals
- Initiation of Antiretroviral Therapy
- What to Start
- What Not to Use
- Management of the Treatment Experienced Patient
- Poor CD4 Recovery
- Special Patient Populations
- Considerations for Antiretroviral Use in Patients with Co-Infections
- Drug-Drug Interactions
- Drug Characteristic Tables

Initiation of Antiretroviral Therapy

- The Panel emphasizes the importance of screening and early diagnosis of HIV.
- In order for persons with HIV to benefit from early diagnosis, **the Panel recommends that ART be started immediately or as soon as possible** after diagnosis to increase the uptake of ART, decrease the time required to achieve linkage to care and virologic suppression for individual patients, reduce the risk of HIV transmission, and improve the rate of virologic suppression among persons with HIV.
- **ART initiation should not be delayed while awaiting resistance testing results**; the regimen can be modified once results are reported.
- **Treatment may be deferred on a case-by-case basis, as clinically appropriate.**

Downloaded from https://hivinfo.nih.gov/guidelines on 7/13/2022

Substance Use Disorders and HIV

- **Key Considerations and Recommendations:**
  - Substance use disorders (SUDs) are prevalent among people with HIV and contribute to poor health outcomes; therefore, screening for SUDs should be a routine part of clinical care.
  - The most commonly used substances among people with HIV include **alcohol, benzodiazepines, cannabinoids, club drugs, opioids, stimulants (cocaine and methamphetamines), and tobacco.**
  - People with HIV and SUDs should be screened for additional mental health disorders.
  - **Ongoing substance use is <u>not</u> a contraindication to antiretroviral therapy (ART). People who use substances can achieve and maintain viral suppression with ART.**

Source: HIVINFO.NIH.GOV

Substance Use Disorders and HIV Med Selection

- Substance use may increase the likelihood of risk-taking behaviors (e.g., risky sexual behaviors) but it also **influences HIV medication choices.**
  - The potential for **drug-drug interactions**, and the risk or severity of **substance-associated toxicities** (e.g., increased hepatotoxicity or an increased risk of overdose).
  - Selection of HIV Med regimens for individuals who practice unhealthy substance and alcohol use should take into account potential **adherence barriers**, **comorbidities** that could impact care (e.g., advanced liver disease from alcohol or hepatitis viruses), **potential drug-drug interactions**, and **possible adverse events** associated with the medications.
  - **HIV med regimens with once-daily dosing of single-tablet regimens, high barriers to resistance, low hepatotoxicity, and low potential for drug-drug interactions are preferred**.

Source: HIVINFO.NIH.GOV

Substance Abuse and HIV Meds: Issues

- Substance abuse and addiction are highly prevalent in HIV-infected individuals.
- **Current, but not past** substance abuse adversely affects engagement in care, acceptance of antiretroviral therapy, adherence with therapy, and long-term persistence in care.
- Substance abuse treatment appears to facilitate engagement in HIV care, and access to evidence-based treatment for substance abuse is central to addressing the HIV epidemic.

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PWID Living with HIV

PWID With HIV

People with HIV who take HIV medicine as prescribed can live long, healthy lives and help prevent HIV transmission.

PWID With HIV in the 50 States and District of Columbia, 2018

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.*

It is important for PWID to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and will not transmit HIV to their sex partners.

Keeping an undetectable viral load also likely reduces the risk of transmitting HIV through shared needles, syringes, or other drug injection equipment, though we don't know by how much.

Access to HIV Meds: Issues

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.

reported being homeless

reported being incarcerated

reported having no health insurance

Source: 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.

HIV Treatment as Prevention

National Institute of Allergy and Infectious Diseases

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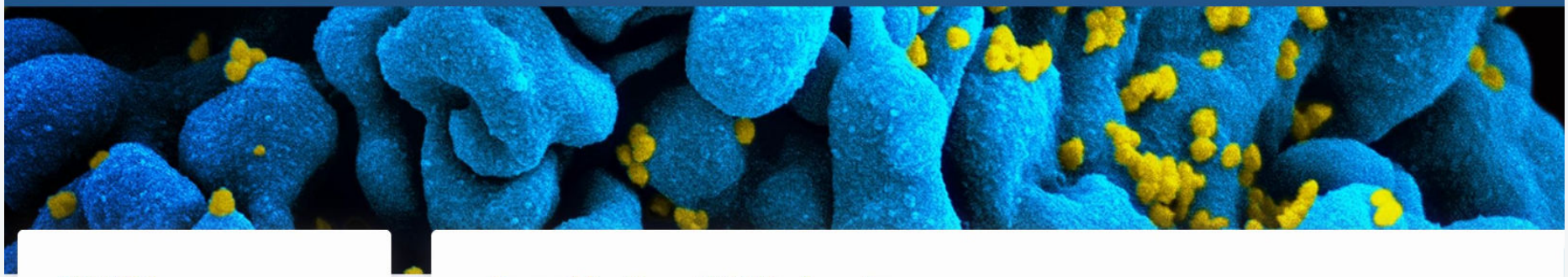
Research | Diseases & Conditions | Grants & Contracts | Clinical Trials | News & Events | About NIAID



HIV/AIDS

- Vaccine Development
- Prevention
  - Pre-exposure Prophylaxis (PrEP)
  - Treatment as Prevention
  - Microbicides
  - Prevention of Perinatal HIV Transmission
  - Passive Antibody Transfer
  - Voluntary Medical Male

Diseases & Conditions › HIV/AIDS › Prevention

HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention

In recent years, an overwhelming body of clinical evidence has firmly established the HIV Undetectable=Untransmittable, or U=U, concept as scientifically sound. U=U means that people with HIV who achieve and maintain an undetectable viral load — the amount of HIV in the blood — by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. Thus, treatment for HIV is a powerful arrow in the quiver of HIV prevention tools. Read more about how a durably undetectable viral load prevents HIV transmission with NIAID's fact sheet 10 Things to Know About HIV Suppression.

Antiretroviral Therapy to Prevent Sexual Transmission of HIV (Treatment as Prevention = TasP)

- Clinical trials have shown that using effective antiretroviral therapy (ART) to consistently suppress plasma HIV RNA levels to **<200 copies/mL prevents transmission of HIV to sexual partners.**
- When ART is used to prevent HIV transmission, this strategy is called treatment as prevention (TasP), or Undetectable = Untransmittable
- Guidelines have a new section to help providers integrate TasP into their clinical practice.
- The key recommendations include:
  - Providers should inform persons with HIV that maintaining HIV RNA levels <200 copies/mL with ART prevents HIV transmission to sexual partners.
  - Persons starting ART should use another form of prevention with sexual partners for at least the first 6 months of treatment and until an HIV RNA level of <200 copies/mL has been documented.
  - Persons with HIV who rely on ART for prevention need to maintain high levels of ART adherence.

Downloaded from https://hivinfo.nih.gov/guidelines on 7/20/2022

Long-Acting Injectable HIV Treatment

Can injections given every 2 months help with compliance in the patient with active substance use?

Dosing Schedule for Every 2-Month Injectable Cabotegravir and Rilpivirine…6 doses per year!

Dosing Schedule for Every 2-Month Injectable Cabotegravir and

Recommended Dosing Schedule in Adults for Every 2-Month Cabotegravir and Rilpivirine

Drug	Optional Oral Lead-In	Injections Give 2 doses 1 month apart, then administer every 2 months
	If used, administer for ≥28 days	Administer first dose on the last day of current antiretroviral therapy or on the last day of the oral lead-in (if used)
Cabotegravir	30 mg orally once daily with a meal	600 mg IM (3 mL)
Rilpivirine	25 mg orally once daily with a meal	900 mg IM (3 mL)

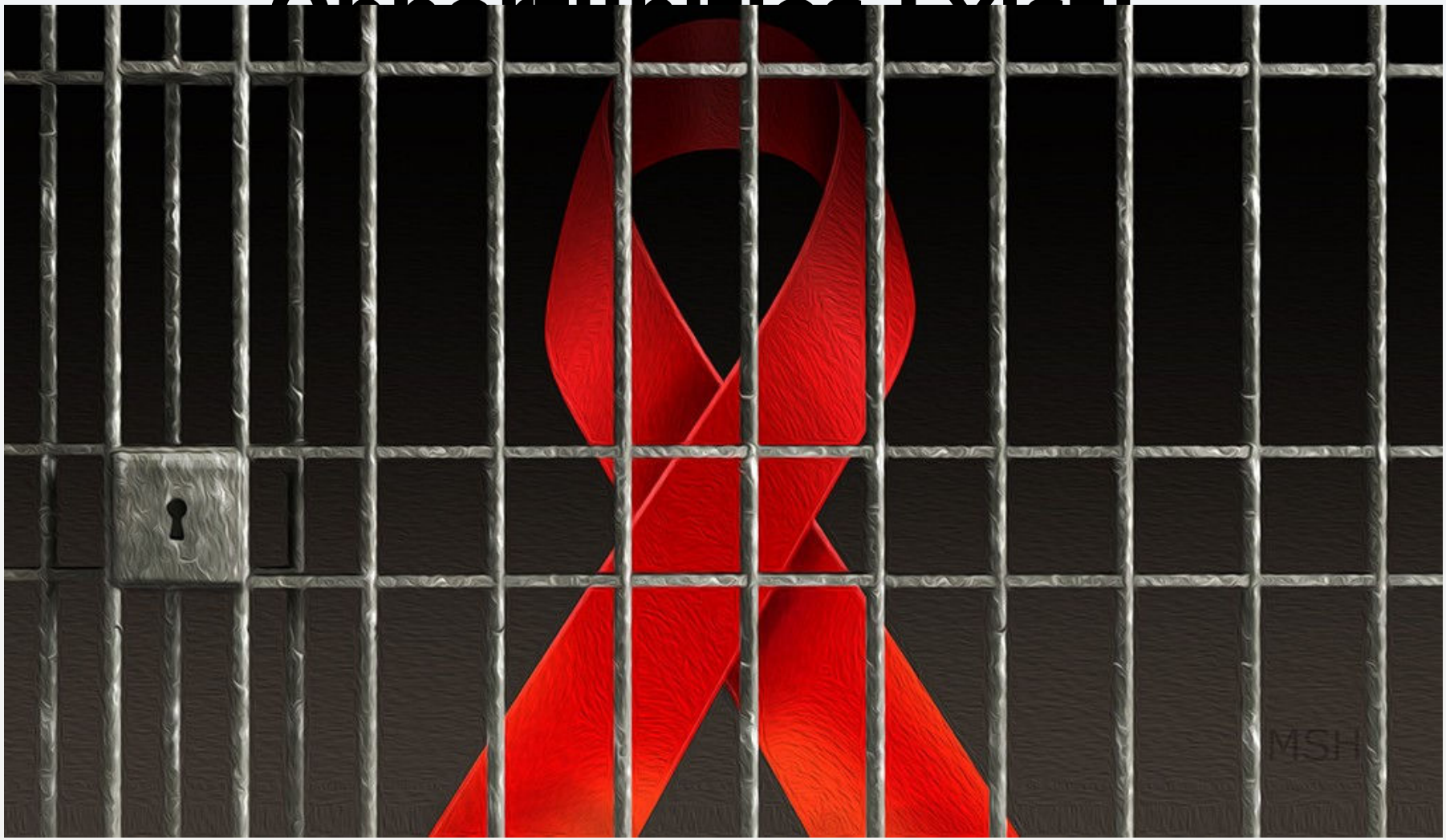
Source: Cabotegravir-Rilpivirine Prescribing Information

HIV & SUD in Corrections: MAT/MOUD

- Recent HIV outbreaks have occurred as a result of the current US opioid epidemic.
- While HIV Treatment needs to occur in the setting of active SUD…Strategies that integrate MAT & MOUD and HIV treatment are crucial to optimize viral suppression.
- Methadone and buprenorphine both improve HIV viral suppression, adherence to HIV Meds, and overall mortality for persons with opioid use disorder.
- Extended-release naltrexone has been most studied in persons with HIV leaving incarcerated settings, and it improves HIV viral suppression in that context.

Source: Adapted from - Fanucchi L, Springer SA, Korthuis PT. Medications for Treatment of Opioid Use Disorder among Persons Living with HIV. Curr HIV/AIDS Rep. 2019 Feb;16(1):1-6. doi: 10.1007/s11904-019-00436-7. PMID: 30684117; PMCID: PMC6420833.

HIV & SUD in Corrections: Challenges Remain but Opportunities Exist!



Thank You For Your Attention!

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