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## ❖ SUBSTANCE ABUSE AND HIV/AIDS ❖

The spread of HIV disease in the United States is fueled in part by the use of illicit drugs. Injection drug use (IDU) is directly related to HIV transmission because it may involve the sharing of drug equipment. The use of both injected and noninjected illicit drugs impairs decision making and increases sexual risk-taking behavior, which, in turn, increases the risk for acquiring HIV.<sup>1</sup>

### SURVEILLANCE

A reported 13 percent of adults and adolescents with AIDS who were diagnosed in 2006 were infected through IDU.<sup>2</sup>

#### Men

- ❖ Among reported AIDS cases for men in 2006, IDU was the transmission category in 12 percent of diagnoses, and male-to-male sexual contact and IDU in 6 percent of diagnoses.<sup>3</sup>
- ❖ Among all men estimated to be living with AIDS at the end of 2006, an estimated 19 percent contracted HIV through IDU, but the estimated rate was higher among Black and Hispanic men (27 and 23 percent, respectively).<sup>4</sup>
- ❖ AIDS mortality estimates among men for whom the HIV transmission category was IDU declined by over 29 percent from 2002 to 2006; mortality decreased by over 17 percent among men for whom the HIV exposure category was male-to-male sexual contact and IDU.<sup>5</sup>

#### Women

- ❖ Among women, IDU was the transmission category in 17 percent of AIDS diagnoses in 2006.<sup>6</sup>

- ❖ At the end of 2006, IDU was the HIV exposure category for an estimated 32 percent of women living with AIDS, ranging from 38 percent among White women and 39 percent among American Indian/Alaska Natives to 30 percent for Blacks, 30 percent for Hispanics, and just 15 percent for Asian/Pacific Islanders.<sup>4</sup>
- ❖ Among women infected through IDU, the AIDS mortality rate decreased by over 24 percent from 2002 to 2006.<sup>5</sup>

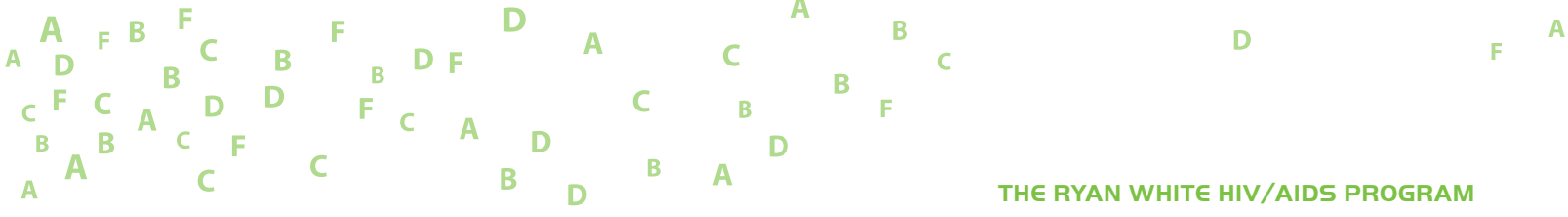
### Critical Issues

In 2006, the National Survey on Drug Use and Health reported that an estimated 22.6 million Americans (9.2 percent of the population aged 12 or older) were either substance-dependent or substance abusers.<sup>7</sup> Substance-dependent people rely on an illicit drug and cannot physically or psychologically cope without it in their system; they need addiction treatment. Substance abusers are people who abuse a drug regularly but have not become physically or psychologically addicted to it.<sup>7</sup>

The risk for HIV associated with substance abuse involves more than simply the sharing of IDU paraphernalia. Use of drugs and alcohol interferes with judgment about sexual and other behavior. As a result, substance users may be more likely to have unplanned and unprotected sex.<sup>1</sup>

Even though substance abuse treatment is crucial for staying in HIV care and adhering to a treatment regimen, it is in short supply. The introduction of buprenorphine, a treatment for opiate addiction that may be given in a primary care setting, offers hope for improved access to treatment for addiction. Special training, however, is required to administer buprenorphine, and the training may not be readily available in all health care environments.





Recent studies have found that trauma, substance abuse, and sexual risk factors are interconnected. For example, women who have experienced sexual abuse, whether as a child or an adult, may be more likely than other women to use drugs as a coping mechanism, have difficulty refusing unwanted sex, or engage in sexual activities with strangers. Women who have experienced trauma also may be less assertive about birth control and have a greater number of lifetime partners, increasing their risk for HIV infection.<sup>8</sup> In addition, research has found that people who suffer from mental illness are more likely to use injection drugs.<sup>9</sup>

**HRSA'S RESPONSE TO SUBSTANCE ABUSE ISSUES**

Given the challenges of accessing drug addiction treatment, the Ryan White Special Projects of National Significance (SPNS) Program funded the Buprenorphine Initiative to determine the effectiveness of integrating buprenorphine opioid abuse treatment into HIV primary care settings. The initiative is designed to improve the health of people living with HIV/AIDS

(PLWHA) in the primary care setting who also have substance abuse issues. This initiative began in September 2004 and comprises 10 demonstration sites coordinated by a technical assistance/evaluation center. As a demonstration project, this initiative seeks to determine the feasibility and/or effectiveness of integrating buprenorphine opioid abuse treatment into HIV primary care settings. The results of this study will be published at the end of the initiative in 2009.

Users of illicit substances may receive HIV services through all parts of the Ryan White HIV/AIDS Program. The lack of drug treatment services in the United States has placed increased pressure on Ryan White HIV/AIDS Program providers because they must address substance abuse issues to sustain individuals in care over time.

For more information about substance abuse and HIV/AIDS, see the March 2004 issue of *HRSA CAREAction*, available at <http://www.hab.hrsa.gov/publications/march04>.

**END NOTES**

<sup>1</sup> National Institute on Drug Abuse (NIDA). HIV/AIDS: How does drug abuse impact the HIV/AIDS epidemic? Research Report Series. Bethesda, MD: NIDA; 2005. Available at: [www.nida.nih.gov/PDF/RRhiv.pdf](http://www.nida.nih.gov/PDF/RRhiv.pdf). Accessed April 10, 2008.  
<sup>2</sup> CDC. *HIV/AIDS Surveillance Report*. 2006;18:37. Table 17.  
<sup>3</sup> CDC. *HIV/AIDS Surveillance Report*. 2006;18:39. Table 19.  
<sup>4</sup> CDC. *HIV/AIDS Surveillance Report*. 2006;18:23. Table 11.  
<sup>5</sup> CDC. *HIV/AIDS Surveillance Report*. 2006;18:17. Table 7.  
<sup>6</sup> CDC. *HIV/AIDS Surveillance Report*. 2006;18:43. Table 21.  
<sup>7</sup> Substance Abuse and Mental Health Services Administration

(SAMHSA). Illicit drug use. In: SAMHSA. Results from the 2006 National Survey on Drug Use and Health: National Findings. Rockville, Md: Author; 2007. Available at: [www.oas.samhsa.gov/NSDUH/2k6nsduh/tabs/2k6tabs.pdf](http://www.oas.samhsa.gov/NSDUH/2k6nsduh/tabs/2k6tabs.pdf). Accessed April 25, 2008.  
<sup>8</sup> Simoni JM, Sehgal S, Walters KL. Triangle of risk: urban American Indian women's sexual trauma, injection drug use, and HIV sexual risk behaviors. *AIDS Behav*. 2004;8:33-45.  
<sup>9</sup> Weiser SD, Wolfe WR, Bangsberg DR. The HIV epidemic among individuals with mental illness in the United States. *Curr HIV/AIDS Rep*. 2004;1:186-92.