Reducing Harms from Opioid Use among people living with HIV:

A brief guide for HIV providers





Comments or questions?

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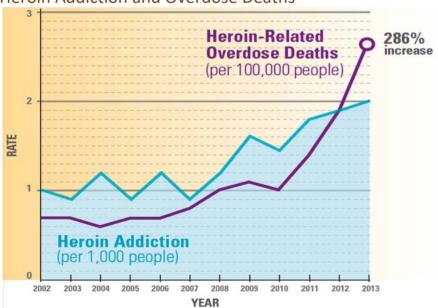
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Opioids and HIV

- The United States is in the midst of a severe opioid epidemic. ^{1, 2}
- Prescription opioid and heroin use are widely prevalent and the rates are rapidly escalating. ^{1, 2}
- Rates of opioid-related overdose deaths increased exponentially. 1, 2
- There has been a significant increase in injection drug use. ^{3,4}
- There has been an associated increase in Hepatitis C, Hepatitis B, HIV infections. ^{3,4}
- Methadone and buprenorphine treatment of HIV-positive individuals have both been shown to decrease HIV transmission risk and improve HIV biological outcomes.
- In addition, extended release naltrexone has been shown to decrease opioid use. ⁶
- Few sites integrate the treatment of HIV and opioid use disorder.
- Ongoing injection drug use negatively affects treatment outcomes among HIV-positive individuals despite the combined antiretroviral treatment.
- HIV Primary care clinics offer an opportunity to integrate HIV and addiction treatment.

Heroin Addiction and Overdose Deaths 1



Educational Resources:

- SAMSHA Opioid Overdose Prevention Toolkit: This toolkit offers strategies to help prevent opioid-related overdoses and deaths. https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA16-4742
- SAMSHA Treatment Improvement Protocol TIP63: Medications for Opioid Use Disorders Resources Related to Medications for Opioid Use Disorder. https://store.samhsa.gov/product/SMA18-5063PT5
- Provider's Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) is a
 national training and clinical mentoring project developed in response to the opioid use
 disorder crisis. The overarching goal of PCSS is to provide the most effective evidenced-based
 clinical practices in the prevention, identification, and treatment of opioid use disorders.
 https://pcssnow.org/education-training/

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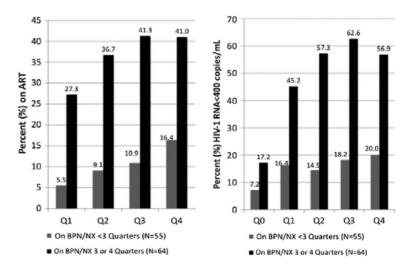
Medications for Treatment of Opioid Use Disorder 9,10

Medication	МОА	Dosage	Notes
Buprenorphine/Naloxone (Suboxone, Bunavail, Zubsolv) Or Buprenorphine (Subutex)	Partial Opioid Agonist	2-24mg daily of tablet or sublingual formulation. Approved injectable formulations	-Ceiling effect: Potentially less overdose risk as compared to full agonist -Improved treatment retention -Improved social functioning -Decreased opioid use -Decreased overdose deaths -Decreased HIV and HCV transmissions -Improve HIV treatment, biological outcomes -Decreased criminal behavior -Improved treatment
	Agonist	Higher doses as indicated in special circumstances	retention -Improved social functioning -Decreased opioid use -Decreased overdose deaths -Decreased HIV and HCV transmissions -Improve HIV treatment, biological outcomes -Decreased criminal behavior
Naltrexone	Full Opioid Antagonist	Tablet: oral 50-100mg	Extended release formulation:
Oral (Revia) Extended Release, IM (Vivitrol)		daily Vivitrol): injectable IM 380mg monthly	-Improved treatment retention -Decreased opioid use

Buprenorphine and HIV Treatment Outcomes

The primary findings, including work in New Haven and Providence, from the Human Resources and Service Administration-funded Buprenorphine and Integrated HIV Care Model Demonstration Project (BHIVES) Collaborative: ^{5, 8}

- Initiating buprenorphine/naloxone (BUP/NX) in HIV clinical care settings: Feasible, improves initiation of ART, and CD4 lymphocyte Counts.
- 2. BUP/NX retention improves HIV treatment outcomes for those not on ART at bassline.
- 3. BUP/NX provided in HIV treatment settings decreases opioid use.



Comparison of initiating antiretroviral therapy and viral suppression outcomes among patients not on antiretroviral therapy at baseline: stratified analysis among patients retained on buprenorphine/naloxone for three or more quarters. Compared to baseline, p< 0.05 for all comparisons. ⁸

DSM-5 Criteria for Opioid Use Disorder

Opioids taken in larger amounts or for longer than intended	7. Important activities given up or reduced because of opioid use
2. Persistent desire or unsuccessful efforts to cut down or control opioid use	8. Recurrent opioid use in physically hazardous situations
3. Great deal of time spent obtaining, using, or recovering from opioid use	9. Continued use despite knowledge of physical or psychological problems that are caused or exacerbated by opioids
4. Craving or strong desire to use opioids	10. Tolerance
5. Failure to fulfill major obligations due to opioid use	11. Withdrawal
6. Continued use despite problems caused or exacerbated by opioid use	Mild- 2 to 4 symptoms Moderate- 4 to 5 symptoms Severe- 6+ symptoms

RESPONDING to the OPIOID EPIDEMIC 1,9

Reduce problems related to prescription opioids

- Safe opioid prescribing, identifying patients receiving high doses of opioids (i.e. >90 mg morphine equivalents per day)
- Use prescription monitoring systems
- Prescription drug disposal, "take-back" events
- Avoiding polypharmacy, drug combinations that might increase overdose risk especially benzodiazepines

Increase access to medication treatments for opioid addiction

- Methadone
- Buprenorphine
- Oral and Extended release naltrexone

Prevent or address medical comorbidities

- Education
- Syringe Service Programs
- Screening and Treatment for Hepatitis and HIV, including preexposure prophylaxis for HIV (PrEP)

Expand access to naloxone and overdose prevention training

- Overdose prevention education and training
- Naloxone rescue kits