

HIV and Substance Use Disorder Part 1: Co-Occurring Risk and Scope

Published on August 21, 2023



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Addressing and preventing the spread of substance use disorders (SUDs) and the human immunodeficiency virus (HIV) are both vital areas of public health. Many risk factors are shared across SUD and HIV, though each present unique challenges. Having an SUD or HIV can increase the risk of the other condition. And HIV disproportionately affects certain populations, leading to and further exacerbating health disparities. Substance use prevention professionals should consider incorporating HIV prevention into SUD prevention and expanding existing SUD prevention services for people living with HIV/AIDS (PLWHA). This synergy may help reduce rates of substance use and improve health outcomes among people using substances.

SCOPE OF HIV IN THE US

1.2 MILLION people living with HIV in the U.S., including **~100,000** in SAMHSA Region 3^{1,2}

48% of people receiving HIV-related care also have an SUD³

30,635 new HIV diagnoses in 2020 – a ~76% decline from the 1980s^{4,5}

4,977 people died with an underlying cause of death related to HIV in 2021^{6,7}

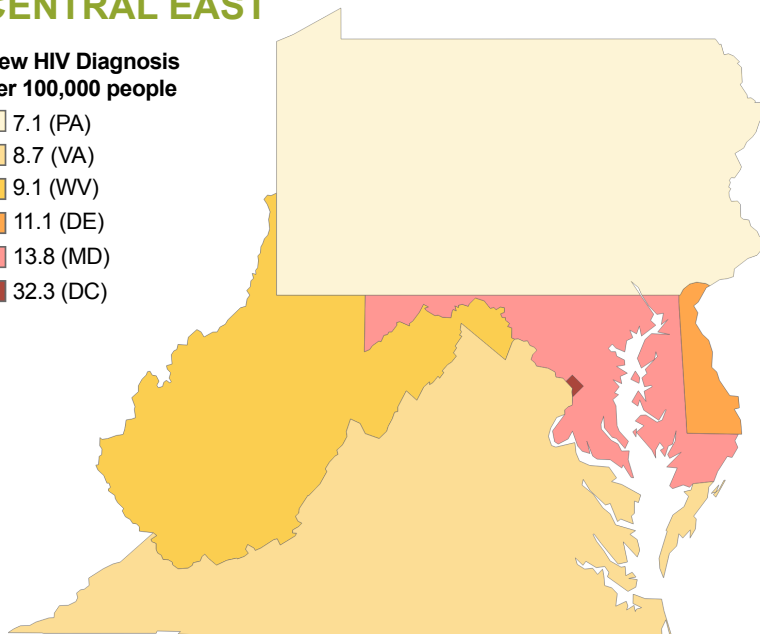
12% of HIV-related deaths have substance use as a contributing factor

HIV IN THE CENTRAL EAST

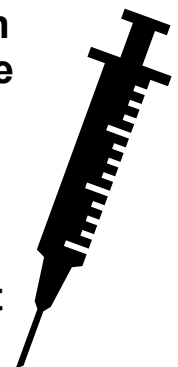
The rate of new HIV diagnosis in Region 3 is 8.2 per 100,000 — below the national average (9.2) — but some localities are much higher⁸

New HIV Diagnosis per 100,000 people

- 7.1 (PA)
- 8.7 (VA)
- 9.1 (WV)
- 11.1 (DE)
- 13.8 (MD)
- 32.3 (DC)



Injection drug use with shared needles can transmit HIV⁹



COMING SOON:
Part 2 of this product examines the disproportionate impact of HIV



HIV CAN INCREASE RISKS AND EFFECTS OF SUBSTANCE USE

PLWHA may experience:

- Negative mental health impacts, such as dealing with stigma, loss, isolation, and discrimination¹⁰
- Increased risk of mental health disorders and co-occurring SUD¹¹
- Brain and nervous system changes from HIV (and some HIV medications) that can contribute to the development of SUD¹²
- Physical health effects that make maintaining employment difficult and reduce socioeconomic status— a risk factor for substance use¹³

SUBSTANCE USE CAN INCREASE RISKS AND EFFECTS OF HIV

Substance use can:

- Increase the likelihood of engaging in behaviors that are high-risk for HIV infection¹⁴
- Interact with HIV medications, increasing overdose risk and other negative effects¹⁵
- Weaken the immune system and quicken the progression of HIV¹⁶
- Impair judgment and reduce adherence to HIV medication and treatment plans¹⁷

WHAT PREVENTION CAN DO

Substance use prevention professionals can implement evidence-based and promising programs for HIV prevention, including:

- [Life Skills Training Program](#): Classroom-based program that teaches self-management and drug resistance
- [Be Proud! Be Responsible!](#): Group-based program that teaches self-efficacy and skills
- [Eisenhower Quantum Opportunities Program](#): Youth-development program that provides academic support
- [Families Unidas](#): Family-based program for Hispanic immigrant parents to build parent-support networks and improve parenting skills
- [Good Behavior Game](#): Classroom-based program that teaches children behavioral skills
- [HIPTeens](#): Group-based program that provides teenage girls sexual health information
- [Positive Prevention Plus](#): Group-based program that provides pregnancy prevention and health education
- [Promoting Health Among Teens!](#): Classroom-based, pregnancy prevention program for African Americans
- [Reducing the Risk](#): Group-based program for youth that aims to reduce risky sexual behavior

SAMHSA

OFFERS **RESEARCH & GUIDELINES**
ON THE FOLLOWING PROGRAMS:

- ➔ Practices to increase uptake of and improve adherence to Pre-Exposure Prophylaxis (PrEP)
- ➔ Syringe Services Programs (SSPs)
- ➔ Contingency Management
- ➔ Cognitive Behavioral Therapy

NOTES

1. HIV.gov. (2022). U.S. statistics: Fast facts. HHS. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics/>
2. CDC. (2022). HIV surveillance report, volume 33. HHS. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2020-updated-vol-33.pdf>
3. Hartzler, B. et al (2017). Prevalence and predictors of substance use disorders among HIV care enrollees in the United States. *AIDS Behavior* 21(4): 1138-1148
4. HIV.gov. (2022). U.S. statistics: Fast facts. HHS.
5. Bosh, K. et al (2021). Estimated Annual Number of HIV Infections — United States, 1981, 2019
6. CDC (2023). Mortality 2018-2021 on CDC WONDER Online Database. Underlying Cause of Death B20-B24. <https://wonder.cdc.gov/>
7. KFF. (2021). The HIV/AIDS epidemic in the United States: The basics. <https://www.kff.org/hiv/aids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/>
8. CDC. (2022). HIV surveillance report, volume 33. HHS. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2020-updated-vol-33.pdf>
9. CDC. (2021). HIV and substance use. U.S. Department of Health and Human Services (HHS). <https://www.cdc.gov/hiv/basics/hiv-transmission/substance-use.html>
- 10-12. National Institute of Mental Health. (2022). HIV and AIDS and mental health: What is HIV? NIH. <https://www.nimh.nih.gov/health/topics/hiv-aids>.
13. American Psychological Association. (2022). HIV/AIDS and socioeconomic status. <https://www.apa.org/pi/ses/resources/publications/hiv-aids>
14. CDC. (2021). HIV and injection drug use. HHS. <https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html>.
- 15-17. HIVInfo. (2021). HIV and substance use. National Institutes of Health (NIH). <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-substance-use>

