

Syndemics of HIV and Opioid Use: How Do We Increase Engagement in Care?

Irene Kuo, PhD, MPH
Associate Research Professor
George Washington University Milken Institute School of Public Health

**JUSTICE and equity For
COMMUNITY Health**

JUNE 29, 2023

2nd
annual



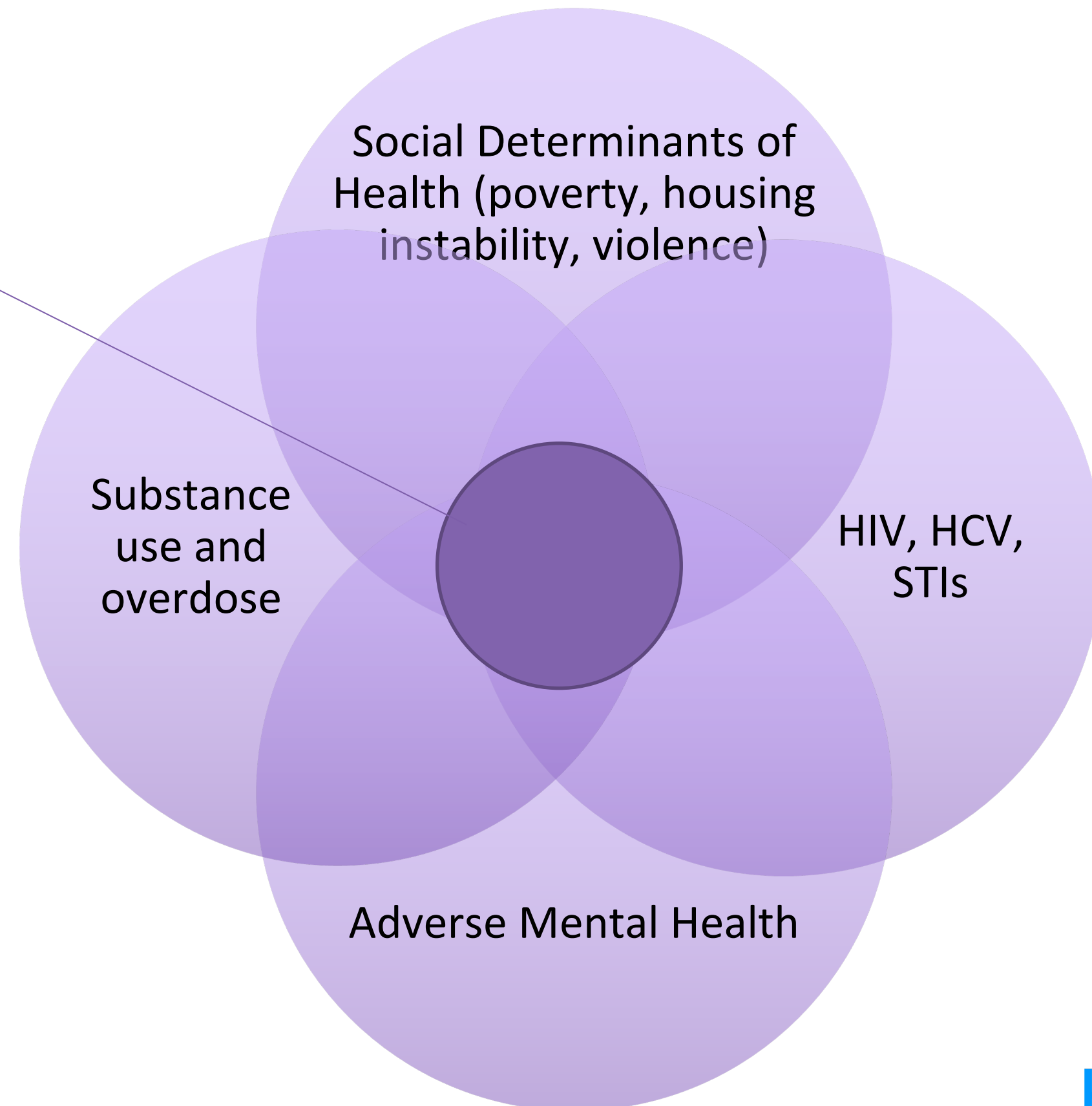
DCengage™
Harm reduction
CONFERENCE

dcengage.org

What is a syndemic?

Syndemic:

Mutually reinforcing interaction of disease and social conditions that exacerbates negative health outcomes



Drug And Alcohol use Increases Risk of HIV Transmission & Interrupts the HIV Continuum of Care

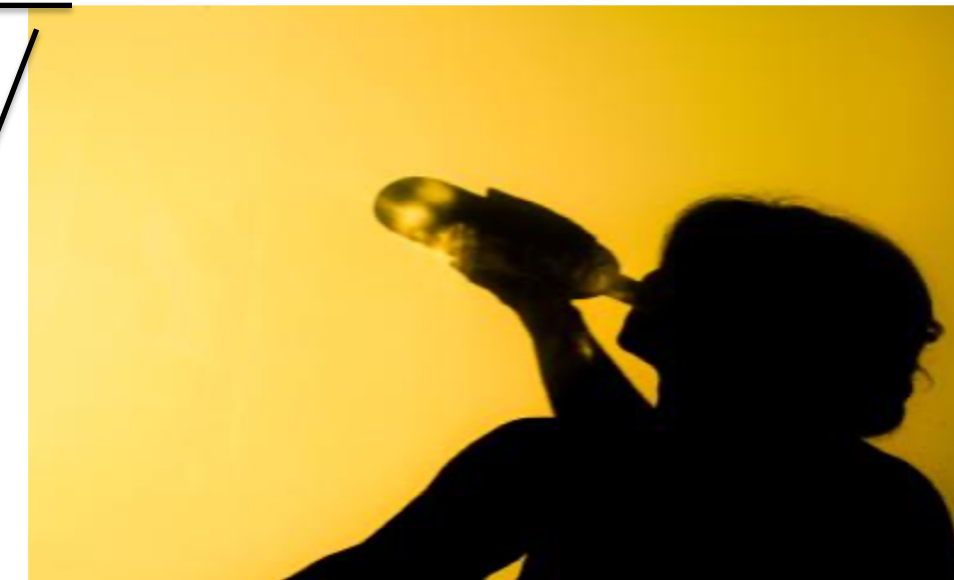
Opioid

Alcohol

Increase Sexual Risk & IDU Risk

**Reduce ART Adherence,
Increase Viral Load**

**Progression to AIDS/ Increased risk
of transmission to uninfected**



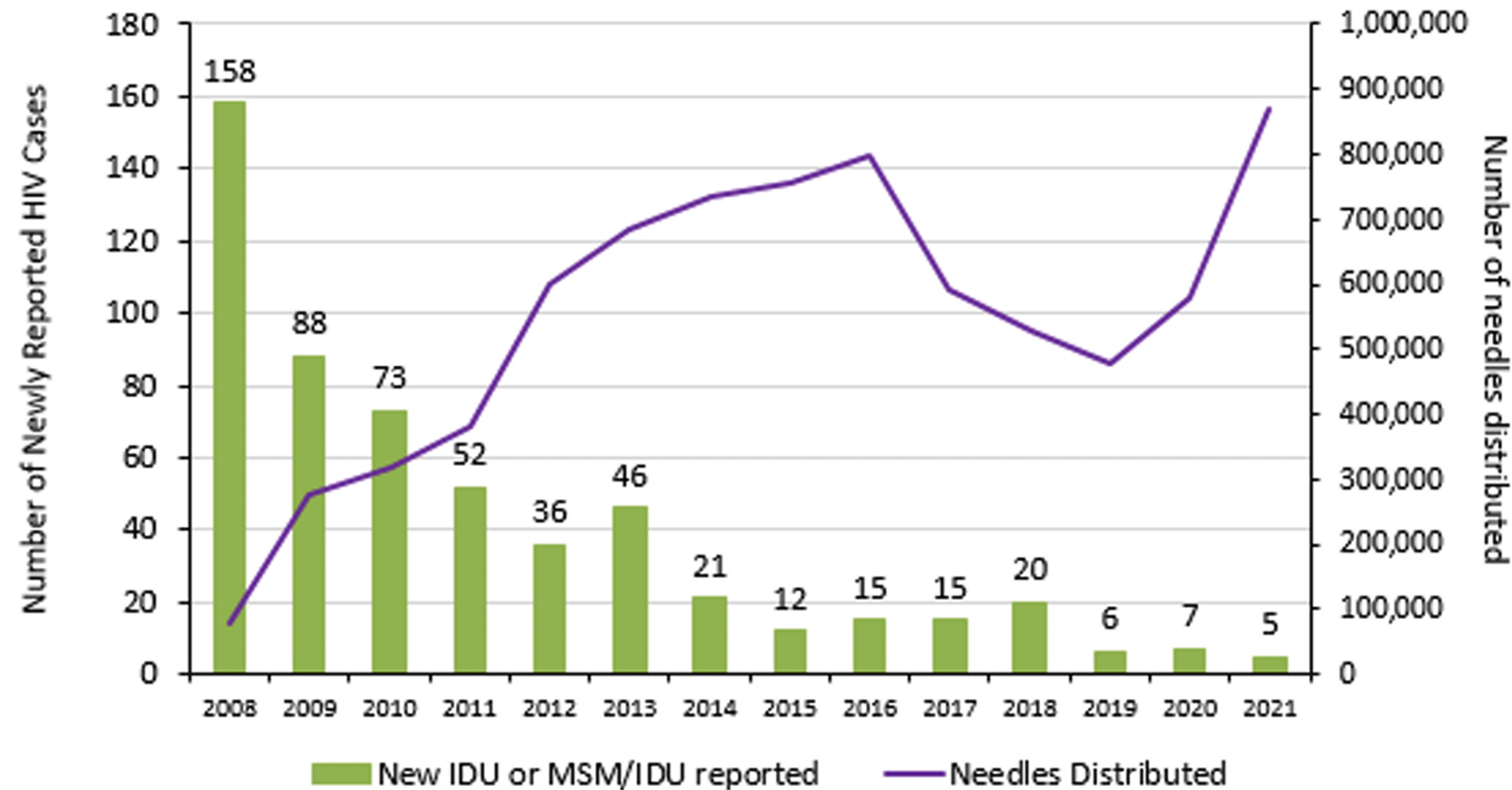
Cocaine

Methamphetamine

Kurma et al., 2015, Mehta et al., 2014, Shoptaw, 2013, Wechsberg et al., 2011; Altice et al. Lancet 2010; Azar et al. 2010; Springer et al, CID, 2011

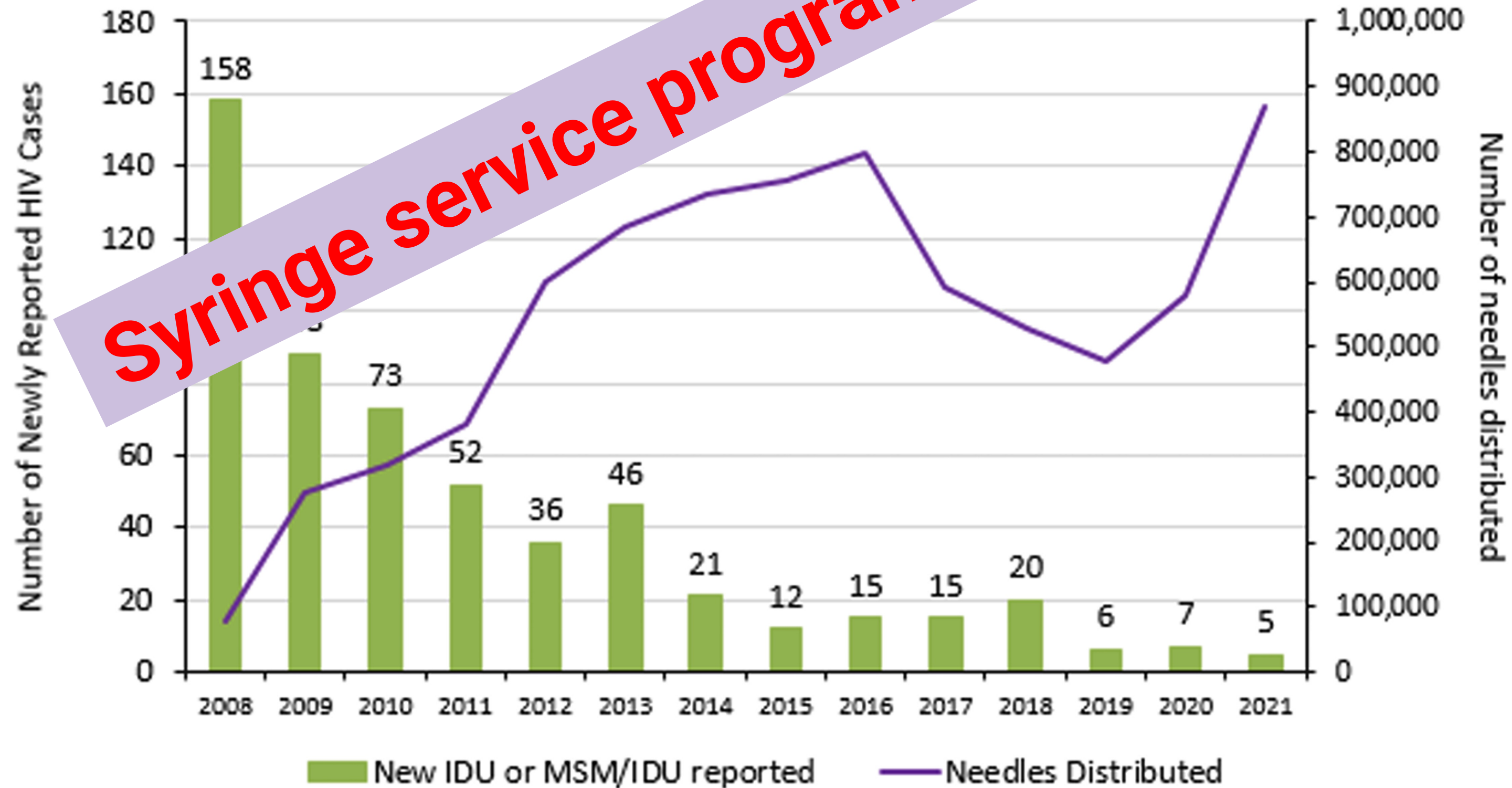
DC Context for HIV and PWID

Newly Diagnosed PWID and the Number of Needles Distributed, by Year, District of Columbia, 2008-2021



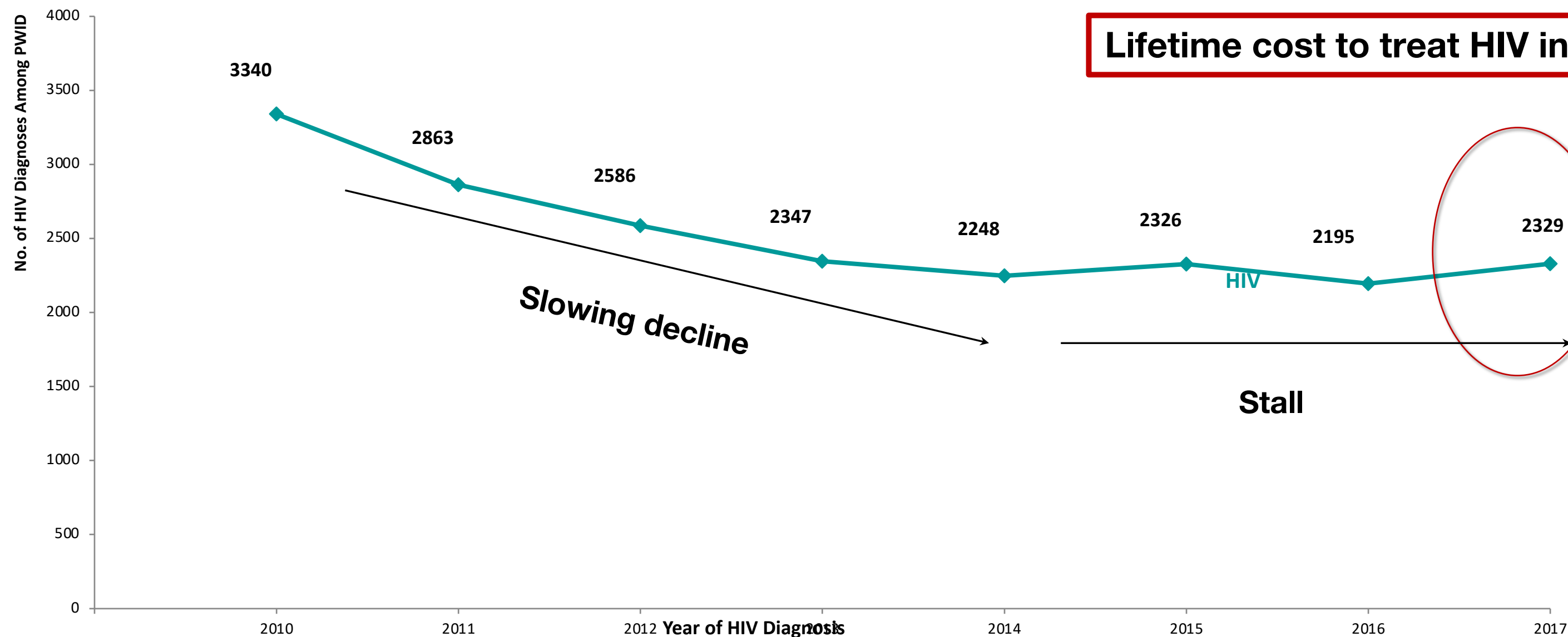
DC Context for HIV and PWID

Newly Diagnosed PWID and the Number of Needles Distributed in the District of Columbia, 2008-2021



The Changing Face of the HIV Epidemic Among PWID in the United States

The longstanding decline in HIV diagnoses among persons who inject drugs in United States how now stalled.



Lifetime cost to treat HIV infection: \$478,000

Increase as
of 2017

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HealthHIV
HealthHIV.org

HIV Prevention: Pre-Exposure Prophylaxis (PrEP)



- FDA-approved PrEP regimens
 - Oral daily pill (Truvada or Descovy) approved for people at risk through sex or injection drug use.
 - Long-acting injection every 2 months (cabotegravir or Apretude) approved for people at risk through sex
- **Taken correctly can be more than 90% effective in preventing in HIV transmission

PrEP Continuum among People Who Inject Drugs, Washington, DC (2018 vs. 2015)

PrEP Continuum for People Who Inject Drugs (2015 and 2018), NHBS, Washington, DC

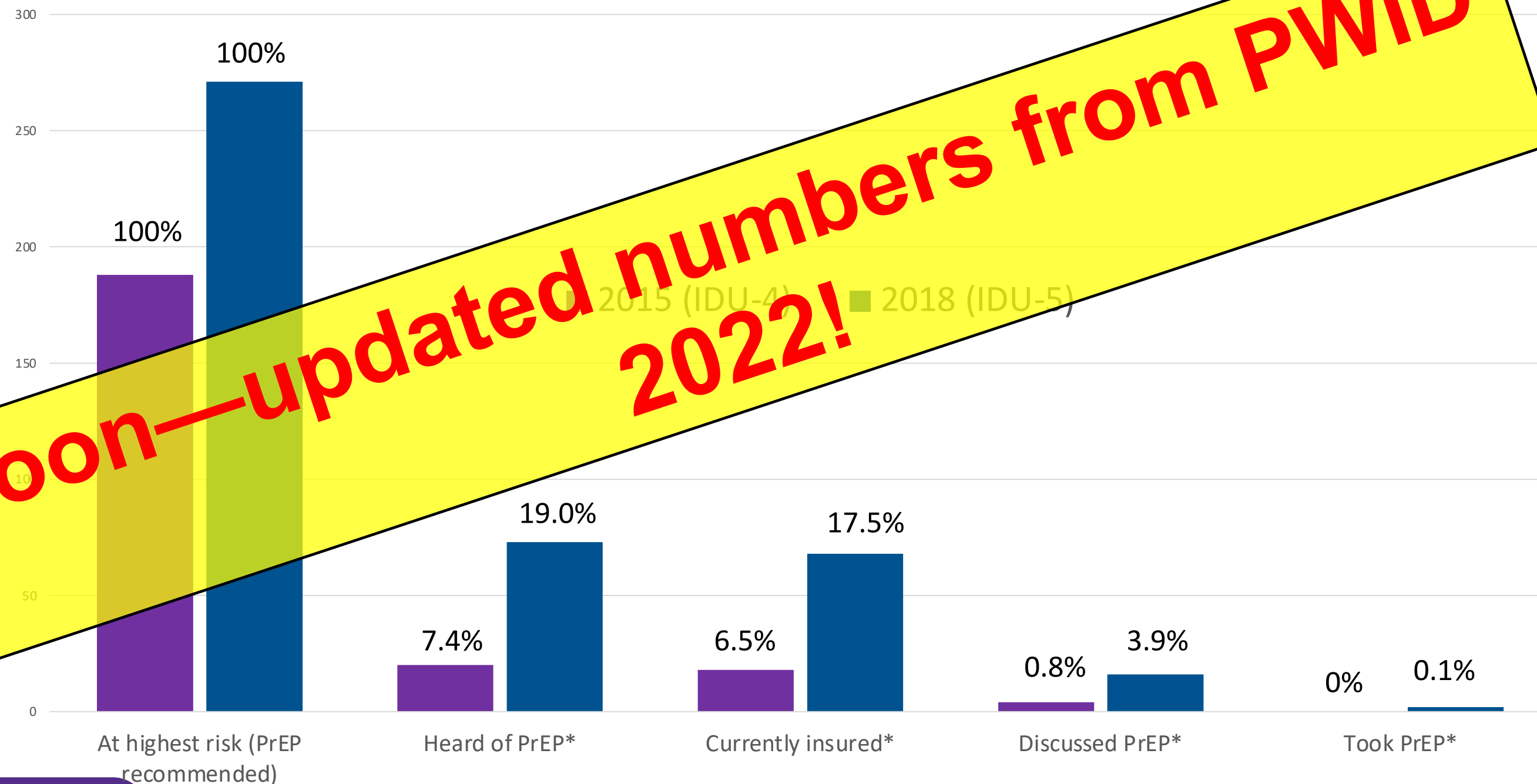
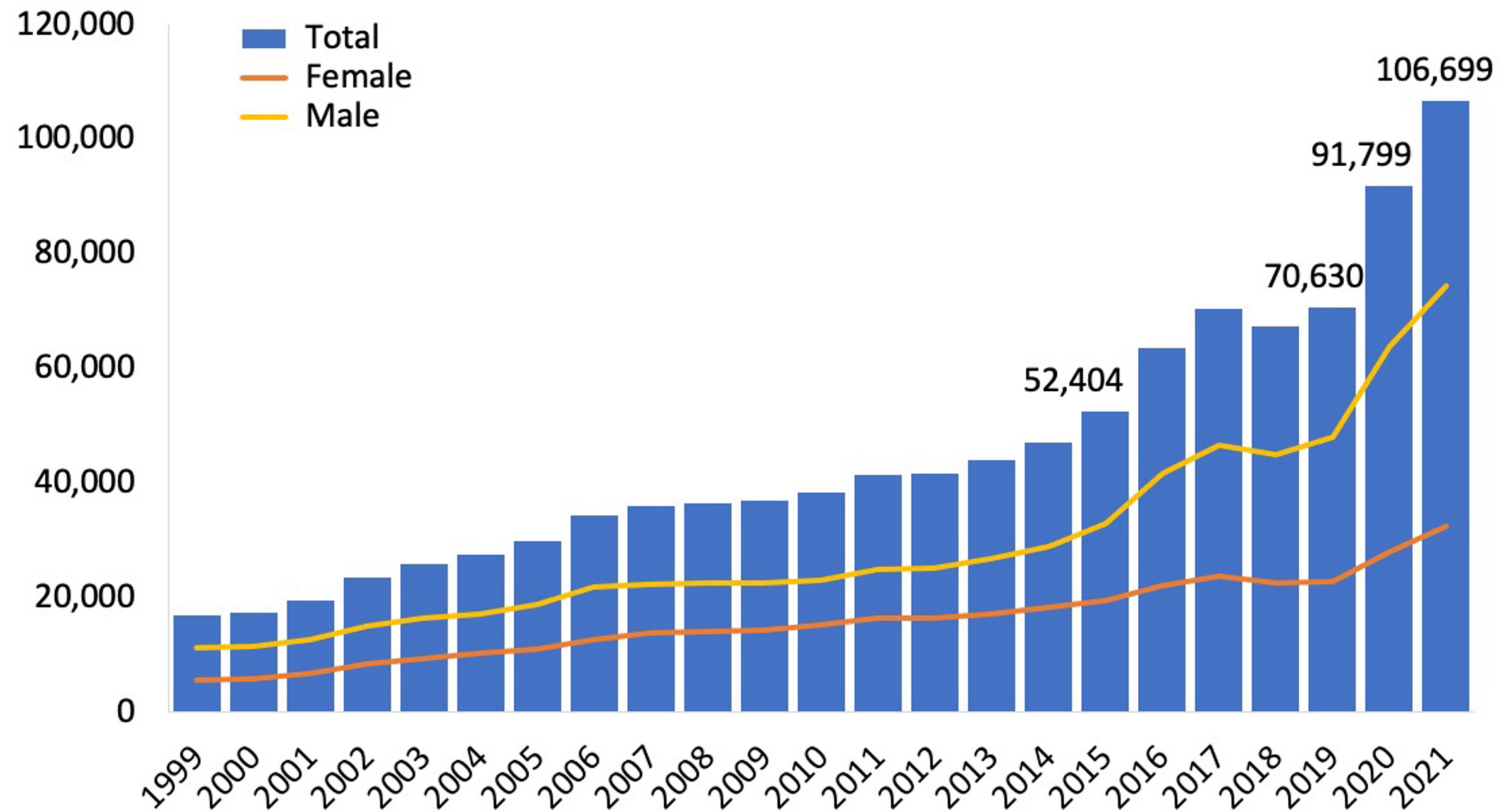
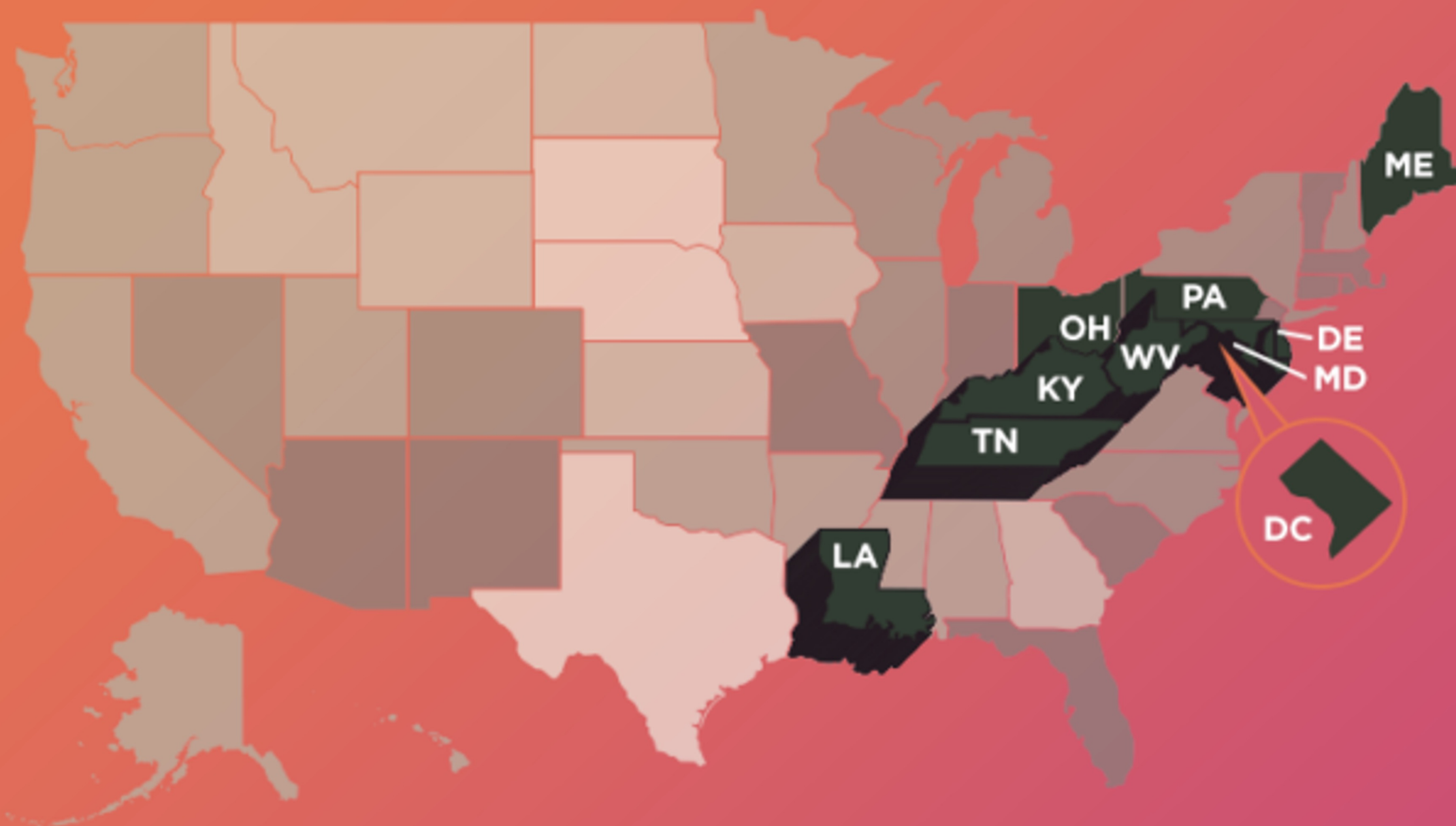


Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

In **2020**, **7 out of the 10 states** with the **highest overdose mortality rates** were in the **South**.



Overdose Mortality Rate, per 100,000 people, 2020

0 - 14.1

14.2 - 18.0

18.1 - 24.4

24.5 - 31.7

31.8+

West Virginia 81.4%

Washington D.C. 58.1%

Kentucky 49.2%

Delaware 47.3%

Ohio 47.2%

Tennessee 45.6%

Maryland 44.6%

Louisiana 42.7%

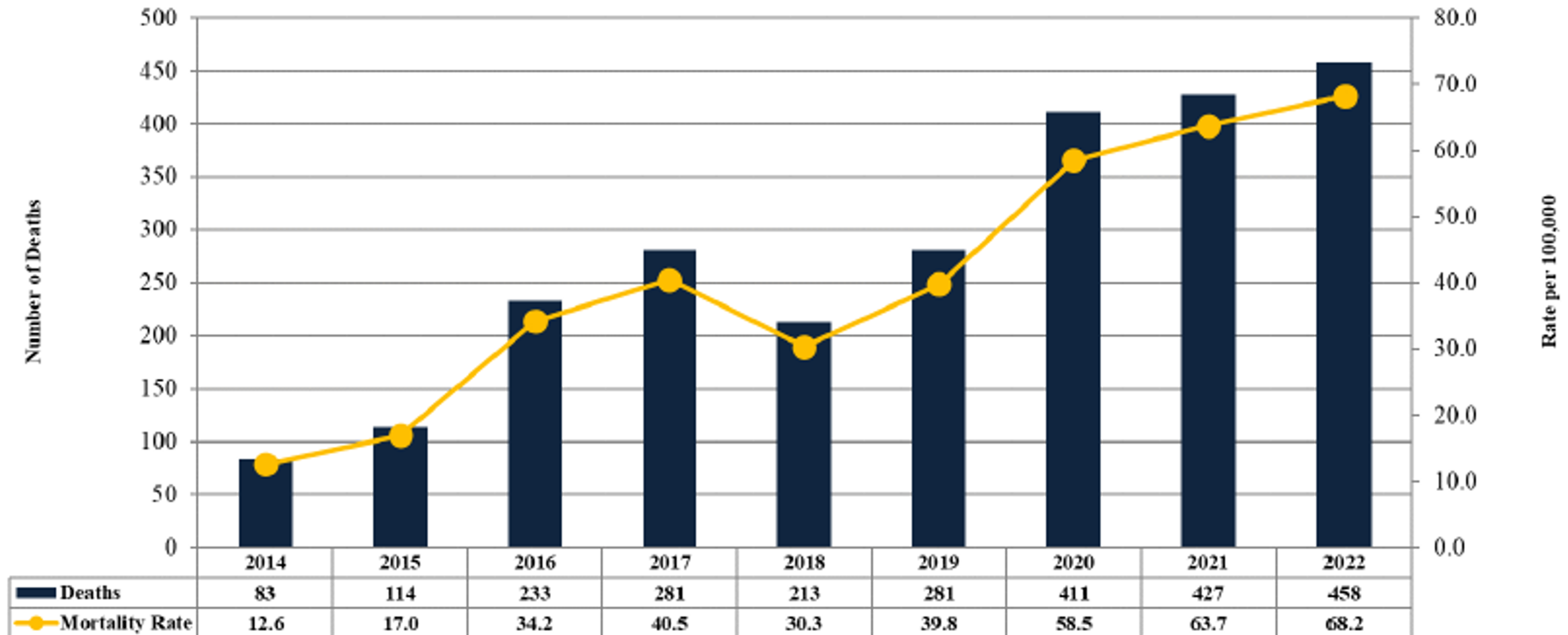
Pennsylvania 42.4%

Maine 39.7%

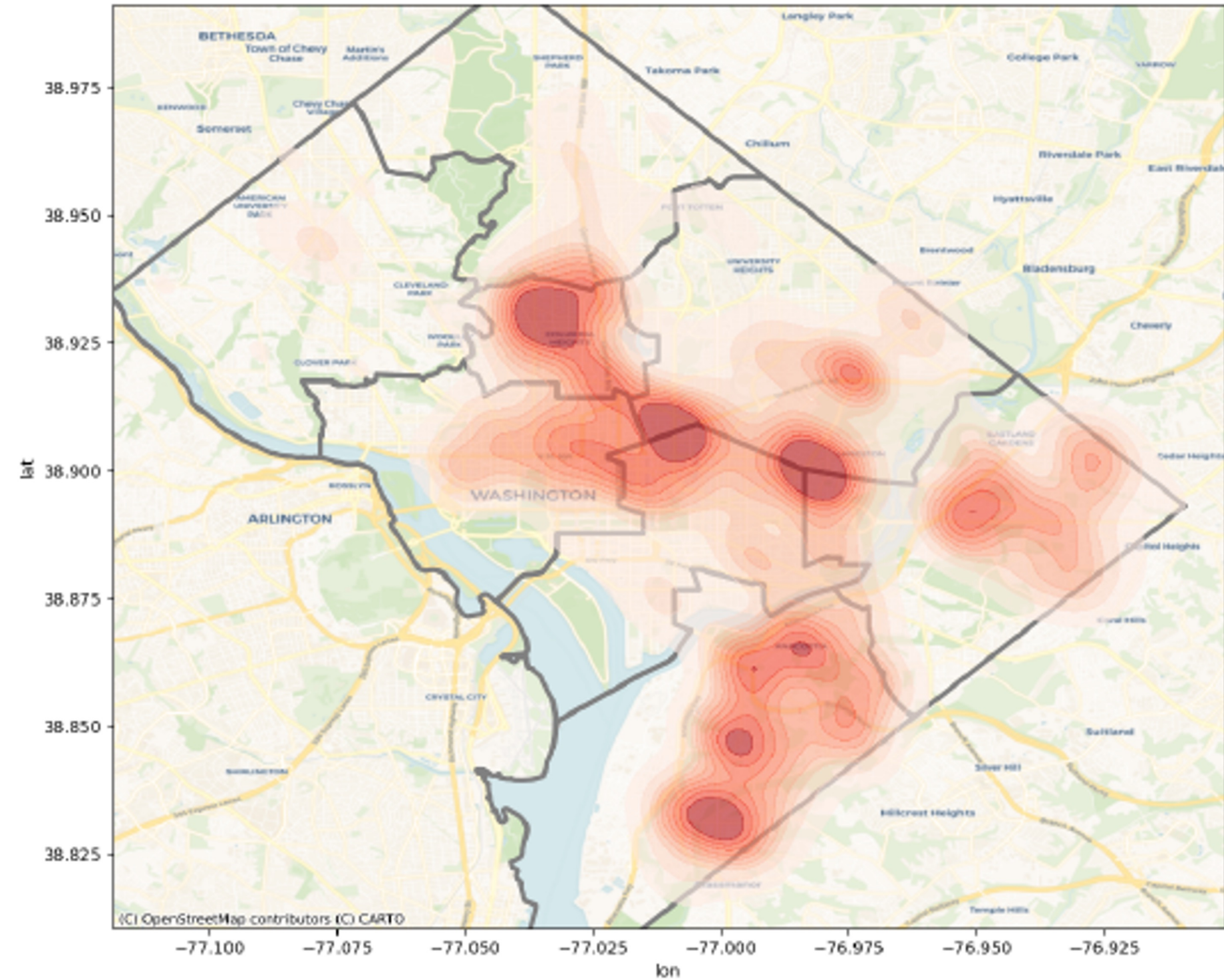
**For the purposes of this analysis,
Washington, DC is treated as a state.*

Number of Overdose Deaths in Washington, DC, 2014-2022

Fig. 1(a): Number and Mortality Rate of Opioid-Related Fatal Overdoses in DC by Year: 2014-2022



F3.1 Street Level Heatmap of Non-Lethal Overdoses



The District of Columbia is currently in an overdose spike, which means that there has been an unusually high number of non-fatal opioid overdoses in the last 24 hours. The Department of Behavioral Health and Community Prevention is actively deploying resources to impacted areas.

Location of Spike: District of Columbia, District of Columbia
Number of Overdoses: 20
Threshold per 24 hours: 16 Non-Fatal overdose incidents
Requesting Agency: DC Health

The District of Columbia is currently in an overdose spike, which means that there has been an unusually high number of non-fatal opioid overdoses in the last 24 hours. The Department of Behavioral Health and Community Prevention is actively deploying resources to impacted areas.

Location of Spike: District of Columbia, District of Columbia
Number of Overdoses: 19
Threshold per 24 hours: 15 Non-Fatal overdose incidents
Requesting Agency: DC Health

The District of Columbia is currently in an overdose spike, which means that there has been an unusually high number of non-fatal opioid overdoses in the last 24 hours. The Department of Behavioral Health and Community Prevention is actively deploying resources to impacted areas.

Location of Spike: District of Columbia, District of Columbia
Number of Overdoses: 16
Threshold per 24 hours: 15 Non-Fatal overdose incidents
Requesting Agency: DC Health

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Source: DC Health Monthly Non-Fatal Overdose Report, April 2023

F3.1 Street Level Heatmap of Non-Lethal Overdoses

F1.1 Historical Monthly Overdoses

The District of Columbia number of non-fatal opioid overdoses in the impacted areas. Partners are actively de

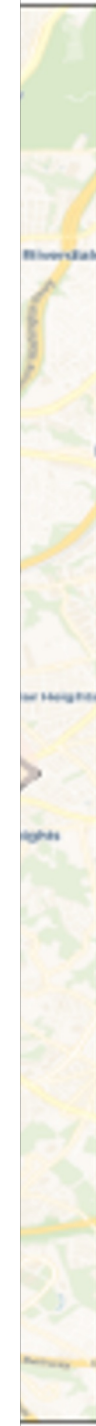
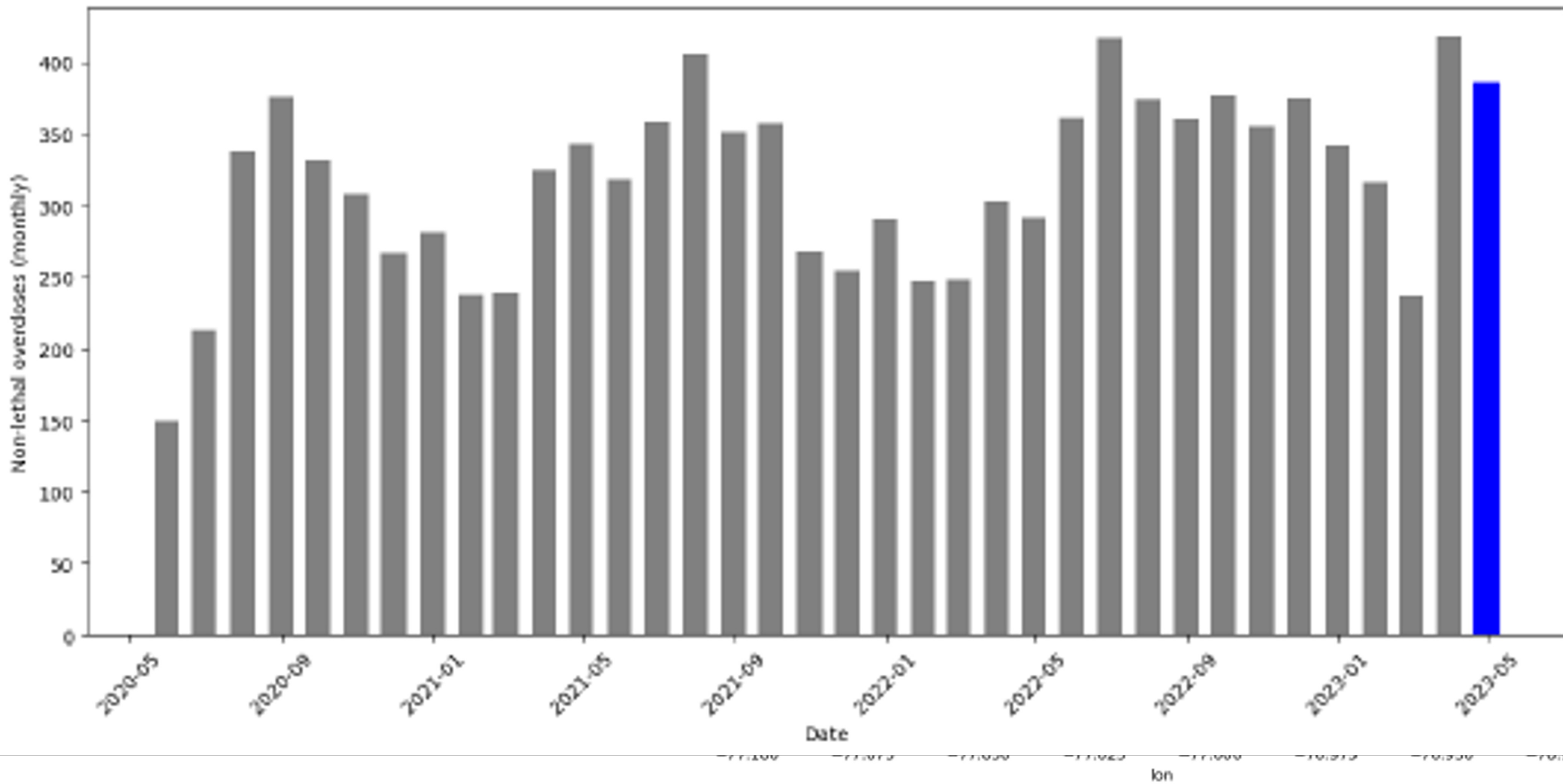
Location of Spike: D
Number of Overdos
Threshold per 24 h
Requesting Agency

The District of Columbia opioid overdoses in the impacted areas.

Location of Spike:
Number of Overd
Threshold per 24
Requesting Age

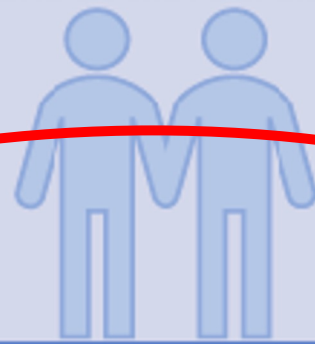
The District of Columbia opioid overdoses in the impacted areas.

Location of Spike: Di
Number of Overdose
Threshold per 24 ho
Requesting Agency



Naloxone and Anti-HIV Drug Knowledge and Use among People who Inject Drugs and Live in the DC Metropolitan Statistical Area (n= 500), 2018

National HIV Behavioral Surveillance Study (NHBS)



Over one-third of participants own Narcan or Naloxone

29% of participants reported that they had used Narcan on someone else during an overdose

Nearly two-thirds of participants had never heard of the Good Samaritan Law

0.9% of participants reported if they were currently taking PrEP



Nearly 20% strongly agreed/agreed that they would no longer need to use sterile needles if they were on PrEP

82% of participants would be very/somewhat likely to take PrEP if it were available in DC for free

Medication treatment of OUD also improves **HIV viral suppression**.....



A Systematic Review and Meta-Analysis of Studies Evaluating the Effect of Medication Treatment for Opioid Use Disorder on Infectious Disease Outcomes

Katelyn F McNamara, BS, Breanne E Biondi, MPH,
Raúl U Hernández-Ramírez, PhD, Noor Taweh,
Alyssa A Grimshaw, MSLIS, Sandra A Springer, MD  

Open Forum Infectious Diseases, ofab289,
<https://doi.org/10.1093/ofid/ofab289>

Published: 02 June 2021 **Article history** ▼

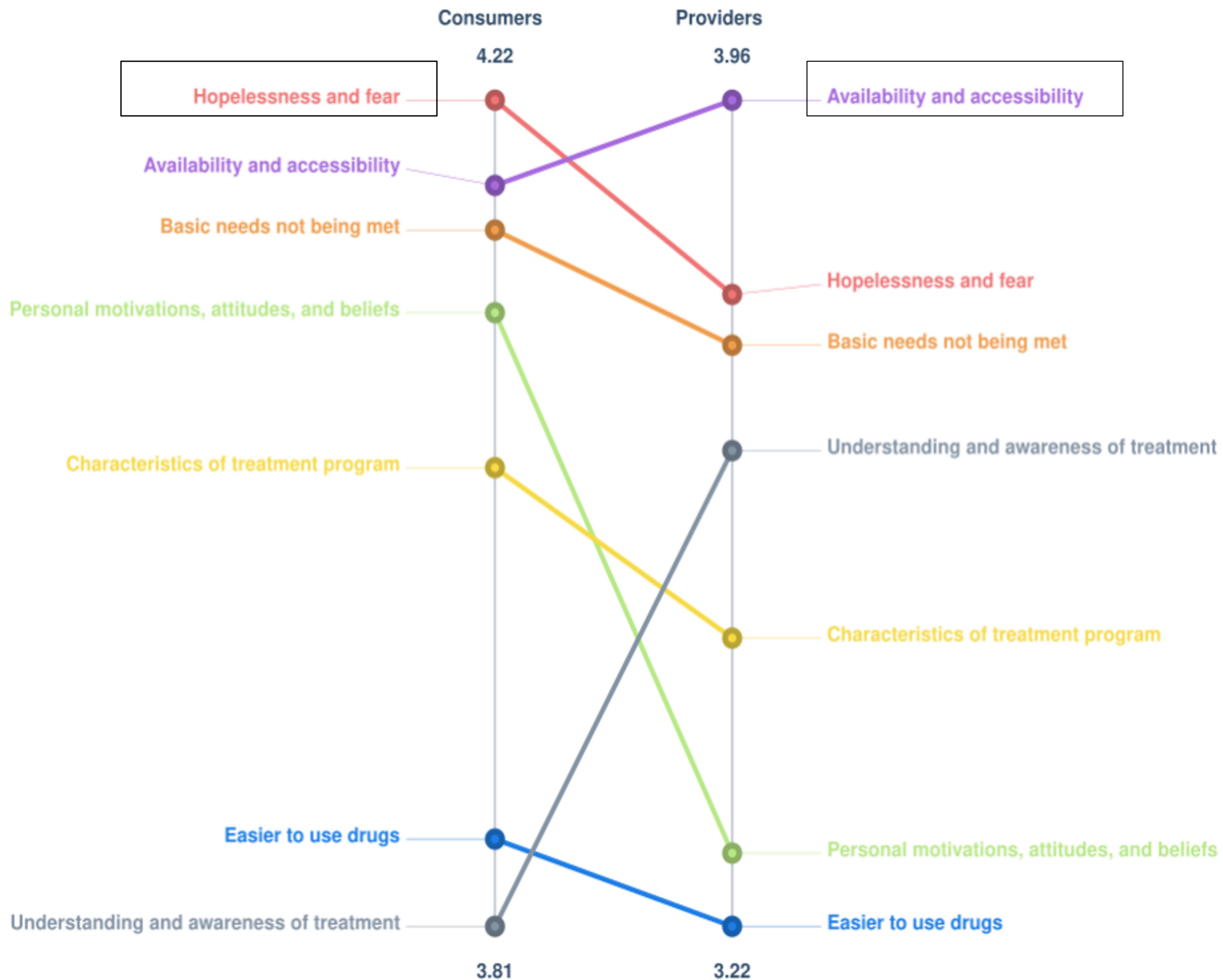
- MOUD was associated with :
- Greater ART Adherence OR 1.55, 95%CI 1.12-2.10
- HIV Viral Suppression OR 2.19, 955 CI 1.88-2.56

...and saves lives by **preventing overdoses**

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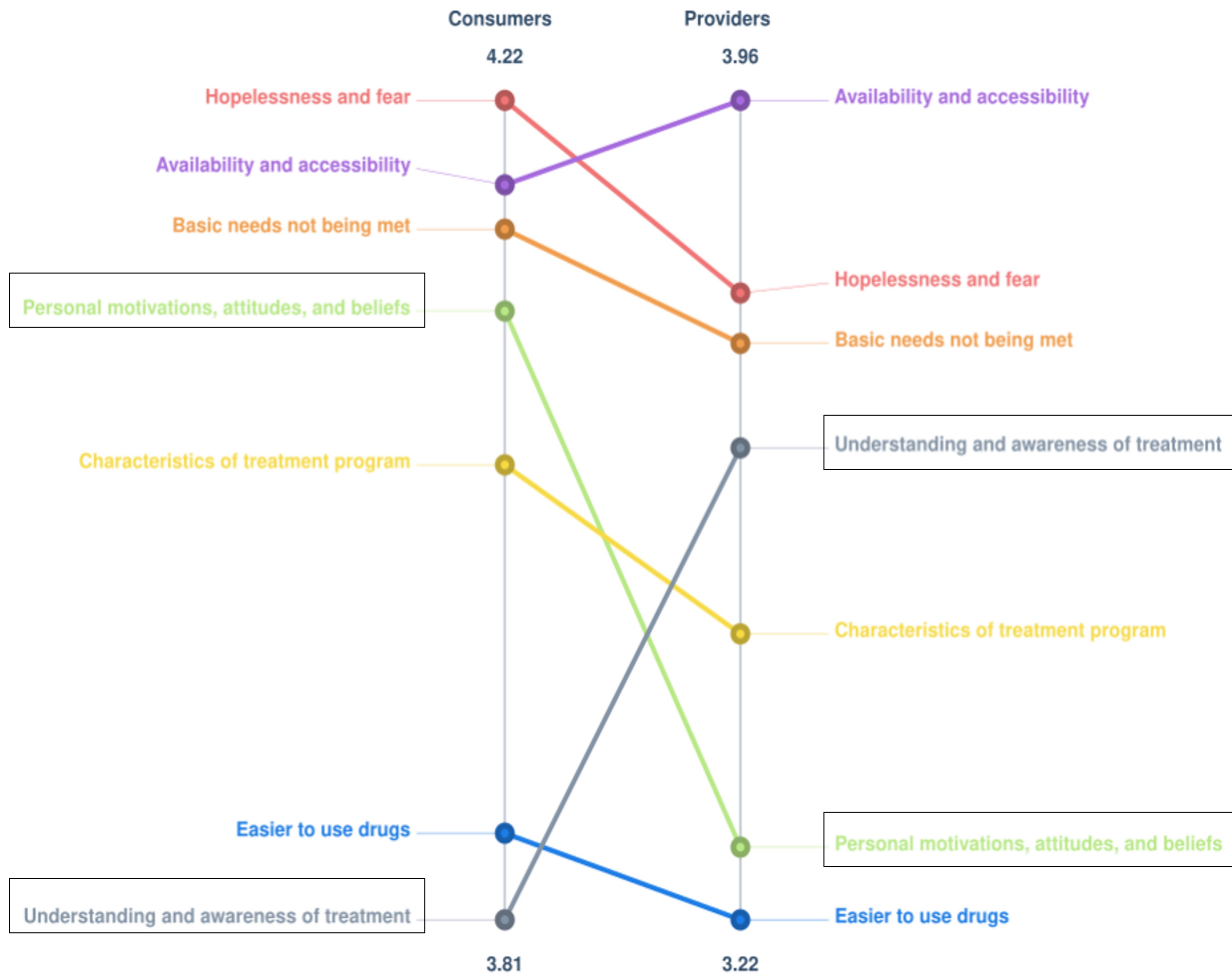


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SOCIAL DETERMINANTS OF HEALTH FOR PWUD



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- **Social determinants of health** are social, economic, and political circumstances that influence individual and community health status.
- Comprehensive harm reduction addresses drug use as well as the environment in which someone is using drugs.
- Experiences of discrimination and trauma related to race and gender identity, class, family history, and incarceration influence people's drug use behaviors and access to care.
- Within a harm reduction framework, **providers' responsibility is to acknowledge and address barriers in order to promote stability, safety, and health for their communities.**

In conclusion...

- Syndemic of opioid use and HIV in DC is still a major public health problem
- Harm reduction is critical to health of people who use drugs
- New HIV infections are decreasing but overdose rates are not
- Drug treatment/medication for opioid use disorder/PrEP can improve syndemic outcomes, but engagement in care is suboptimal
- Interventions to improve access and engagement in care and prevention in a syndemic framework are needed (integrated care models)

*INTEGRA Study (HPTN 094)
mobile health unit providing
integrated care*



Questions ?

About the Speaker



George Kerr, MT-CDSMP/DM

Harm Reduction at Westminster /

George@giiiassociates.com

I am committed to educating, training, advocating, and collaborating for social justice through harm reduction. I have a long and committed history of effectively working with some of the District's most prominent health service providers and have motivated hundreds of individuals to advocate for those who the stigma of HIV and substance abuse has silenced. I believe that TOGETHER, we can build a healthier community.

About the Speaker



Leslie Demus

SUD Certified Peer Navigator, Unity Healthcare at Department of Corrections / ldemus@unityhealthcare.org

My name is Leslie Darnell Demus, Community Health Worker (CHW) presently employed with Unity Health care at the Department of Corrections. Previously working under a linkage to care grant, for newly diagnosed HIV/AIDS clients. I've had extensive training as a CHW in the field of HIV/AIDS. Having a clear understanding of the community I serve, this has enabled me to serve as a liaison/intermediary between medical providers/social services and the community. Working with this population requires me to perform HIV/STD screening often in the community. Living with HIV for over 20 years and my experience in the community has been a great asset in my job performance. I supply the support needed to assist individuals to stay adherent to their medical regiment and address the barriers that would prevent them from being medically compliant. I have been employed and or affiliated with all HIV organization in the DMV and have facilitated several HIV support groups. I am spiritually grounded and very physically fit. I love sports, especially tennis and I often ski and ride horses. An inspirational quote that I try to live by, Be as patient with others as God has been with you.