HRSA's Ryan White HIV/AIDS Program Response to the Opioid Epidemic

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HRSA Ryan White & Global HIV/AIDS Programs

BACKGROUND

The U.S. is in the midst of an unprecedented opioid crisis, with increases in injection drug use (IDU)-related HIV outbreaks, particularly in rural areas. The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) is uniquely positioned to integrate treatment for IDU-associated HIV infections with treatment for substance use disorder, that may include opioid use disorder (OUD). Each year, the RWHAP provides HIV care and support services to over 500,000 people with HIV and is the largest federal government program focused on providing HIV care and treatment.

This study evaluated characteristics and substance use service utilization of RWHAP clients with HIV attributed to IDU nationwide compared to 7 states with large rural epidemics identified through the "Ending the HIV Epidemic: A Plan for America" (EHE) Initiative. Also presented are themes from a HRSA-hosted technical expert panel on RWHAP and opioids.

HRSA has focused efforts to identify replicable, cost-effective, and adaptable interventions that meet the needs of people with HIV and opioid use disorder.

METHODS

Quantitative Analysis

- *Data Source:* 2017 RWHAP Services Report
- *Study Populations:*
  - RWHAP provider organizations that delivered substance use services
  - RWHAP clients aged ≤13 with HIV attributed to IDU
  - RWHAP clients aged ≤13 with HIV who received substance use services
- *Geography:* Data were examined nationally and in 7 states with significant rural HIV epidemics
- *Outcomes*:
  - Substance use service delivery by RWHAP recipients and receipt by RWHAP clients
  - Sociodemographic characteristics of RWHAP clients

Technical Expert Panel on the RWHAP and Opioids

In July 2018, HRSA's HIV/AIDS Bureau hosted a 1-day technical expert panel with 13 RWHAP-funded recipients, HIV care providers, and OUD experts to discuss the intersection of the RWHAP and the opioid epidemic. Key themes were identified.

Table 1. RWHAP substance abuse service delivery by providers and receipt by clients, 2017—United States

	Providers (N=1,533)[a]		Clients (N=529,829)	
	No.	%	No.	%
Any substance abuse – outpatient or residential	269	17.5	17,716	3.3
Substance abuse – outpatient	242	15.8	16,742	3.2
Substance abuse - residential	43	2.8	1,535	0.3

[a] Number of providers that provided any service in the given year. Total number of funded providers in 2017 was 2,113.

RESULTS

- In 2017, 6.7% of RWHAP clients (n=31,683) had HIV attributed to IDU.
- Nationwide, 17.5% (n=269) of RWHAP providers delivered substance use services and 3.3% (n=17,716) of RWHAP clients accessed substance use services (average 65 clients per provider; Table 1). In the 7 rural states, 6.5% of RWHAP clients (n=2,827) accessed substance use services.
- Compared with IDU clients served nationally, IDU clients in the 7 rural states were younger (aged <45 years), more likely to be White, and less likely to have Medicaid (Figure 1).
- Compared with RWHAP clients who received substance use services nationally, clients in the 7 rural states were more commonly Black/African American, had income above 100% the federal poverty level (FPL), and had stable housing, but were less likely to be covered by Medicaid (Figure 2).

Figure 1. Demographics of RWHAP clients with HIV attributed to injection drug use nationally vs. 7 states with rural epidemics, 2017—United States

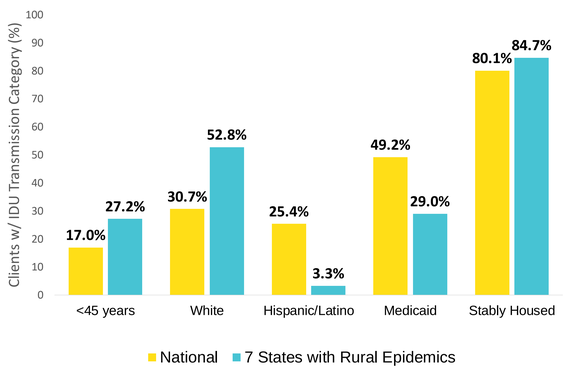
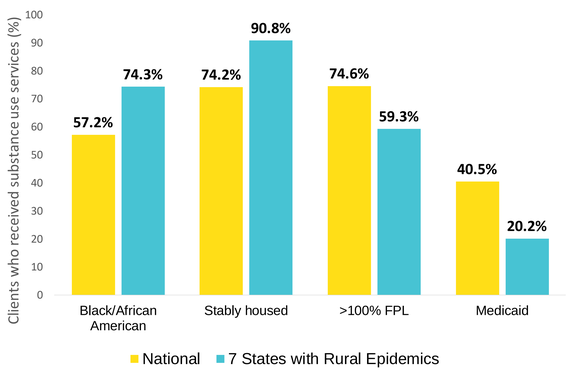


Figure 2. Demographics of RWHAP clients who received substance use services nationally vs. 7 states with rural epidemics, 2017—United States



TECHNICAL EXPERT PANEL KEY THEMES

Nine key themes emerged from the technical expert panel to address OUD among people with HIV in RWHAP settings:

- Overcome **internal and external stigma** related to OUD-related services
- Identify the role of **social determinants of health as a root cause of OUD**
- Emphasize **comprehensive services**
- Utilize **non-medical care coordination/navigation support**, including peer support
- Reduce **negative attitudes towards medication-assisted treatment** (MAT) for OUD
- Implement effective **harm reduction practices** (e.g., syringe services programs)
- Enhance **clinical capacity to provide services** for people with OUD
- Address **workforce issues** such as healthcare staff shortages (e.g., behavioral health) and service reimbursement
- Address **other environmental factors**, including accessibility of buprenorphine/naltrexone-based MAT

CONCLUSIONS

- The technical expert panel emphasized the importance of a "whole person" approach to address the complexities of HIV and OUD care and treatment.
- The substance use needs and general HIV care needs of RWHAP clients in rural areas may be unique from RWHAP clients nationally.
- The EHE initiative could have a significant public health impact for both the HIV and opioid epidemics.

RWHAP INITATIVES TO ADDRESS THE OPIOID EPIDEMIC

- Ending the HIV Epidemic: A Plan for America Initiative
- Special Project of National Significance Program (SPNS) Initiatives to develop and test evidence-informed interventions in RWHAP settings
- AIDS Education and Training Centers (AETC) trainings for HIV providers and the healthcare workforce
- Partnerships with HRSA-funded Community Health Centers and Rural Health Centers

CONTACT INFORMATION

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