The Impact of the COVID-19 Pandemic on Substance Use Disorder Risk among People with HIV in the US

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BACKGROUND

The COVID-19 pandemic has disproportionately impacted vulnerable populations who experience syndemic conditions, including HIV and co-occurring substance use disorder (SUD).

We examine here whether there was a significant change in moderate or high SUD risk among people with HIV (PWH) enrolled in a large multisite clinic-based cohort in the US, before and after the COVID-19 shelter-in-place (SIP) mandate.

METHODS

Data collected between March 2018 and October 2022 among PWH enrolled in the Centers for AIDS Research (CFAR) Network of Integrated Clinical Systems (CNICS) at eight sites across the US were used for this study.

PWH were asked about their use of the following substances (self-administered survey): cannabis, crack/cocaine, methamphetamine, inhalants, sedatives, hallucinogens, and opioids. Moderate or high SUD risk was defined as having a score of 4 or greater on the validated ASSIST tool.

Using interrupted time series (ITS) analyses, we evaluated whether there was a change in moderate or high SUD risk over time, comparing trends before and after SIP within a mixed-effects logistic regression model.

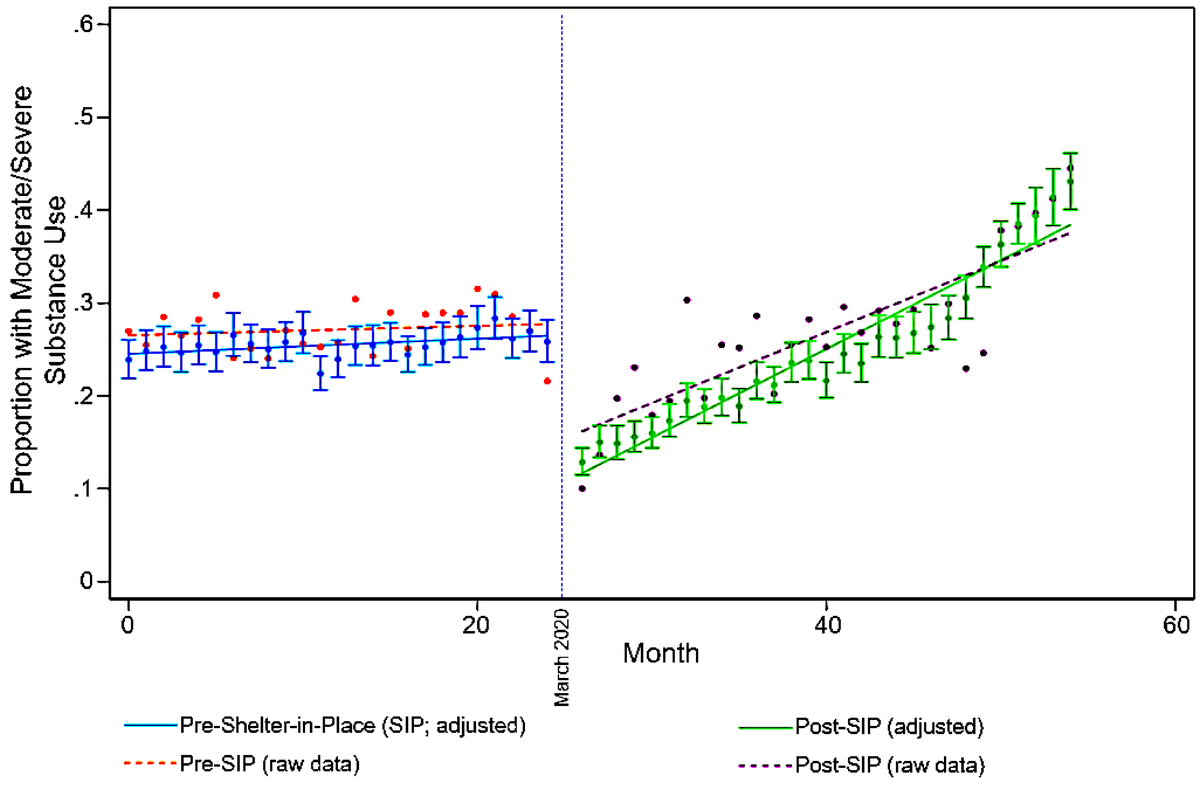
Analyses adjusted for age, race/ethnicity, gender, study location, and current HIV viral load.

RESULTS

Data from 7,126 participants, including 21,741 SUD assessments, were used. Median age 51 years (IQR 39-58); 47% of the sample identified as Black, 35% White, 13% Hispanic; and 17% female.

Moderate or high substance use disorder (SUD) risk increased markedly during the pandemic, with 43% (95% CI=40-46%) compared to 24% (95% CI=22-26%) having moderate or high SUD risk post shelter-in-place (SIP) compared to pre-SIP (P<0.001)

Figure: Substance Use Trends Before and After COVID-19 SIP Orders Beginning March 2020



RESULTS CONTINUED

Significant increases were seen in the proportion of participants who reported using fentanyl, heroin, and methamphetamine; and decreases were observed in the use of cannabis, crack/cocaine, prescription opioids, and prescription stimulants.

In the ITS analysis, moderate/high SUD risk increased markedly during the pandemic with 43% (95% CI=40-46%) compared to 24% (95% CI=22-26%) having moderate/high SUD risk post-SIP compared to pre-SIP (P<0.001; Figure).

LIMITATIONS

Data utilized for this study were collected among PWH enrolled in HIV care, and do not represent those who are not enrolled in care. The substance use frequencies observed could therefore be underestimates.

STRENGHTS

CNICS is a geographically and clinically diverse cohort of PWH in HIV care at multiple sites across the US.

CONCLUSIONS

We found a significant increase in moderate/high SUD risk among PWH in a large multi-site network of HIV clinics throughout the US from 2018-2022.

This rising prevalence could be related to an increase in social isolation, depression, and reduced access to substance use and HIV treatment caused by disruptions due to the pandemic and a transition to telehealth.

To address the combined epidemics of substance use and HIV following the COVID pandemic, a renewed investment in integrated substance use and HIV treatment is vital.

CNICS CFAR Network Of Integrated Clinical Systems

UCSF