



LOOKING AHEAD WITH LESSONS FROM PSYCHIATRY & ADDICTION MEDICINE

EXECUTIVE SUMMARY

- Rates of antiretroviral (ART) treatment retention and adherence remain below EHE targets.
- Despite its demonstrated efficacy, pre-exposure prophylaxis (PrEP) uptake has been slow especially among communities most at risk of HIV.
- The first long-acting injectable (LAI) antiretroviral was approved in January 2021 for HIV treatment and December 2021 for HIV prevention.
- LAI formulations of medications may help fill gaps use of ART and PrEP by improving uptake, adherence to, and persistence on treatments and preventives for HIV.
- Lessons learned from the longer-standing experiences of delivering LAIs for other chronic conditions in the fields of mental health and addiction offer insights into the use of newly available LAIs for HIV prevention and treatment.

PROBLEM STATEMENT

HIV disparities in treatment outcomes include differences by age and among race/ethnicity and sexual/gender identity. Individuals facing social and structural barriers (e.g., housing instability, poverty, criminal justice involvement), HIV-related stigma, intimate partner violence, and substance abuse disorders (SUDs) are at increased risk for not following drug regimens or discontinuing care and stopping treatment altogether.

PERSPECTIVES

Perspectives were sought from the literature and from psychiatrists, addiction specialists, HIV providers, health services researchers, and health policy experts.

FRAMEWORK

A socio-ecological framework was used to discuss issues surrounding the implementation of LAIs for all three types of conditions and explore ways to maximize potential benefits for HIV.

POLICY

Cost Control and Effectiveness, Official Guidelines, Carceral Settings

COMMUNITY

Stigma, Syndemics

ORGANIZATION

Infrastructure, Capacity, Setting

INTERPERSONAL

Provider-Patient Interaction, Attitudes, Knowledge

PATIENT

Access, Social Determinants, Acceptability

Key considerations within each context include:

POLICY

- The cost of LAIs and first-line oral medications are comparable.
- Up-front costs of LAI antipsychotics in mental health are offset by lower subsequent costs such as hospitalization rates and inpatient stays.
- Even if LAIs for HIV are proven cost-effective, high upfront costs could impede adoption.
- In August 2023, the U.S. Preventative Services Task Force included in their Grade A recommendations the use of injectable cabotegravir for HIV prevention.
- Cost-containment practices by insurers may serve as barriers to LAI access.
- LAIs in carceral settings may bridge individuals to ongoing treatment upon release but concerns about patient autonomy must be addressed.

COMMUNITY

- While SUD, psychotic illness, and HIV are biologically and experientially distinct conditions, all are chronic, highly stigmatized conditions that disproportionately affect populations that have experienced marginalization.
- Marginalization of people living with these three health conditions and medical mistrust persist, affecting access to care.

ORGANIZATION

- Differences in specialty settings bring differing infrastructural limitations to LAI administration.
- Capacity is critical to administering LAIs and includes addressing needs related to training and staffing, storage and, in some cases, refrigeration.
- LAIs have long been used in carceral settings, with antipsychotics having the longest history, followed by substance use treatment. LAIs for HIV would be novel in this setting.

INTERPERSONAL

- In the mental health/substance use treatment contexts, provider misperceptions about who benefits from LAIs has limited their use.
- Targeted education is needed to prevent similar misperceptions about LAIs for HIV.

PATIENT

- Taking LAIs requires more frequent clinic visits compared to oral formulations.
- The increased frequency in clinic visits must be addressed in the context of the personal (e.g., comorbid conditions, internalized stigma), social (e.g., stigma and discrimination), and structural (e.g., distance to care facilities, opportunity cost) barriers disproportionately facing patients with reduced engagement and retention in care and treatment.
- LAIs tend to be well tolerated and highly accepted among those who have received them.

IMPLICATIONS

Even once demand for LAIs is established, barriers must be addressed to minimize negative perceptions and ensure access to LAIs for HIV prevention and treatment.

Community engagement and education of providers and patients around the benefits of LAIs are critical, but need to be supported by policies and practices that ensure organizational capacity to equitably deliver care that is accessible to patients.

SEE MORE AT DOI: [10.1007/S10461-022-03817-Z](https://doi.org/10.1007/S10461-022-03817-Z)