

# HPTN 094: A Person-Centered, Public Health Approach to Address HIV and the U.S. Opioid Crises

Steve Shoptaw PhD

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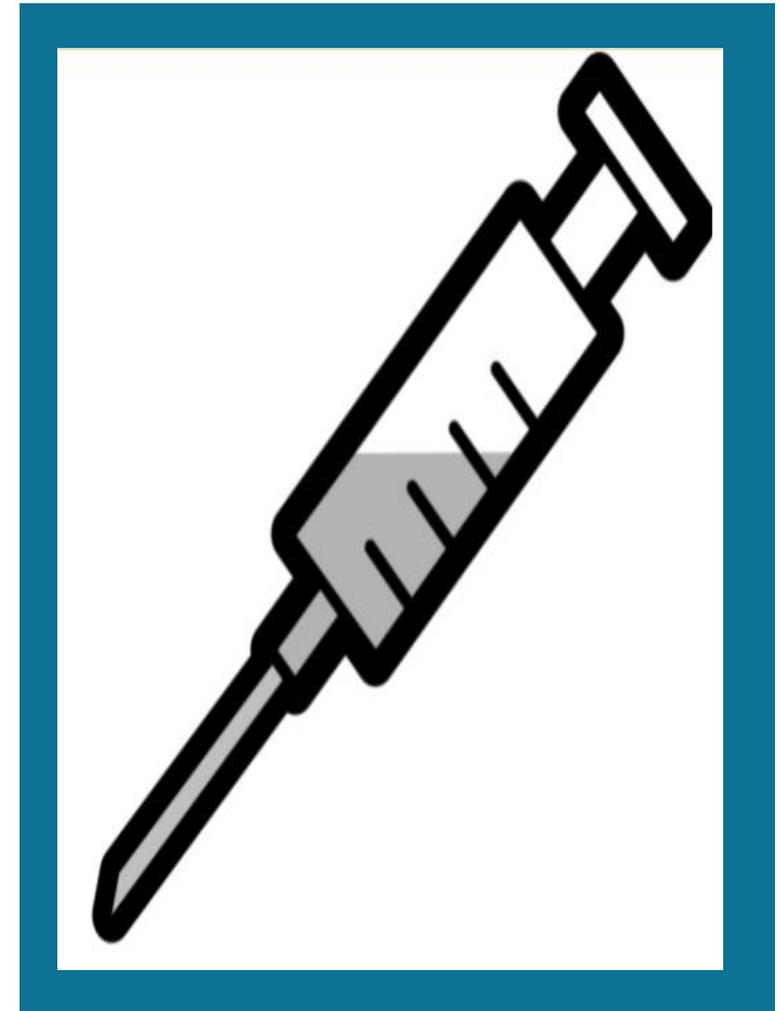
∴∴∴ HPTN ANNUAL ∴∴∴  
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HPTN  
HIV Prevention  
Trials Network

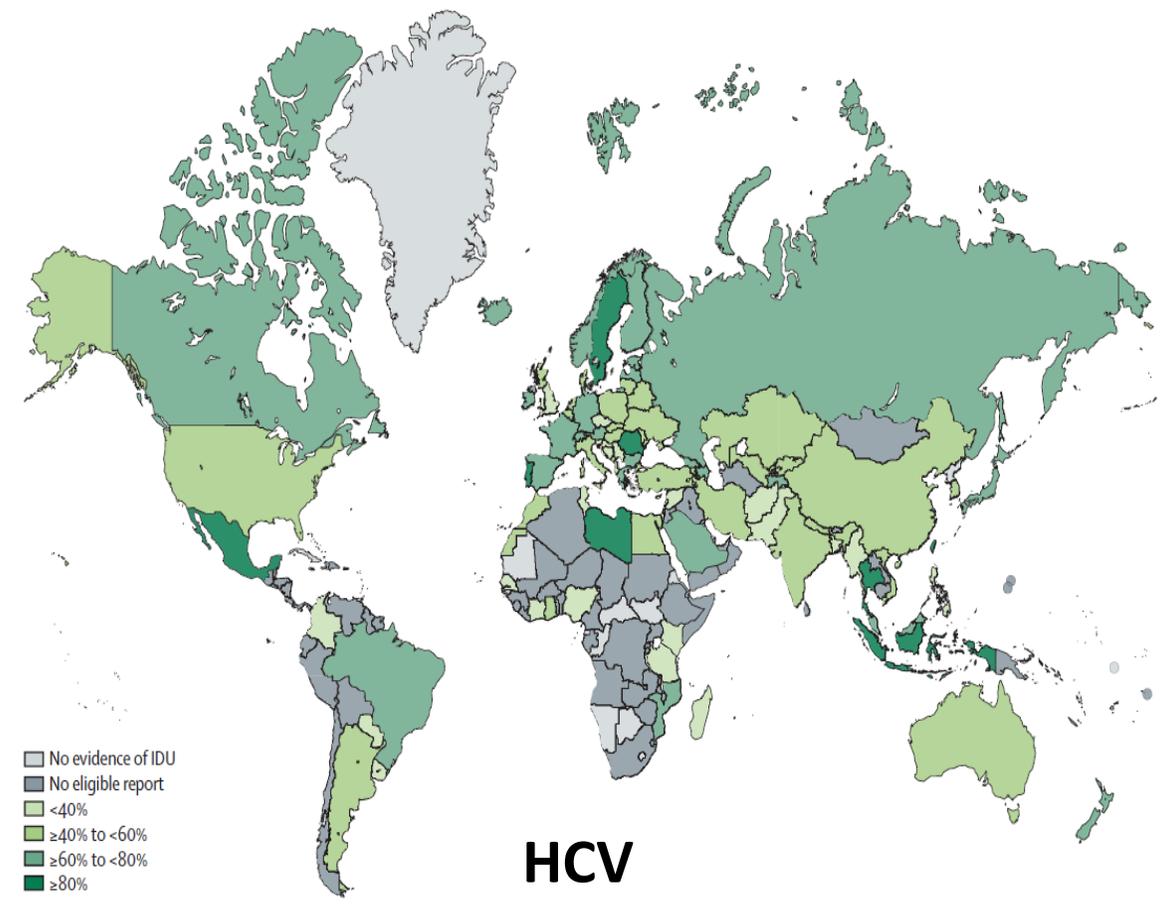
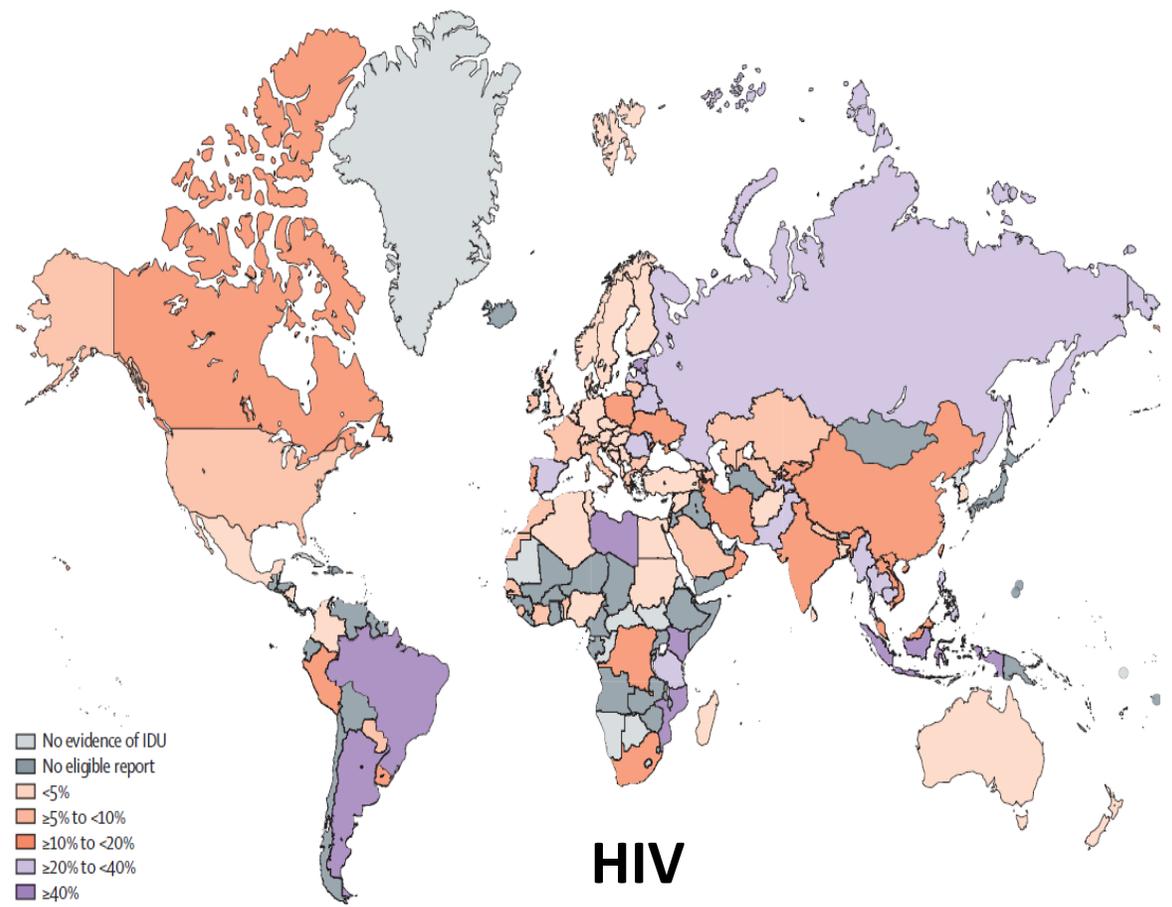
# Objectives

- ✓ Understand epidemiology of intertwining epidemics of HIV and opioid use disorder in the United States
- ✓ Understand social and structural drivers of HIV transmission in people who inject drugs in the United States
- ✓ Overview of HPTN 094, a study designed to reduce HIV transmission among people who inject drugs in the United States



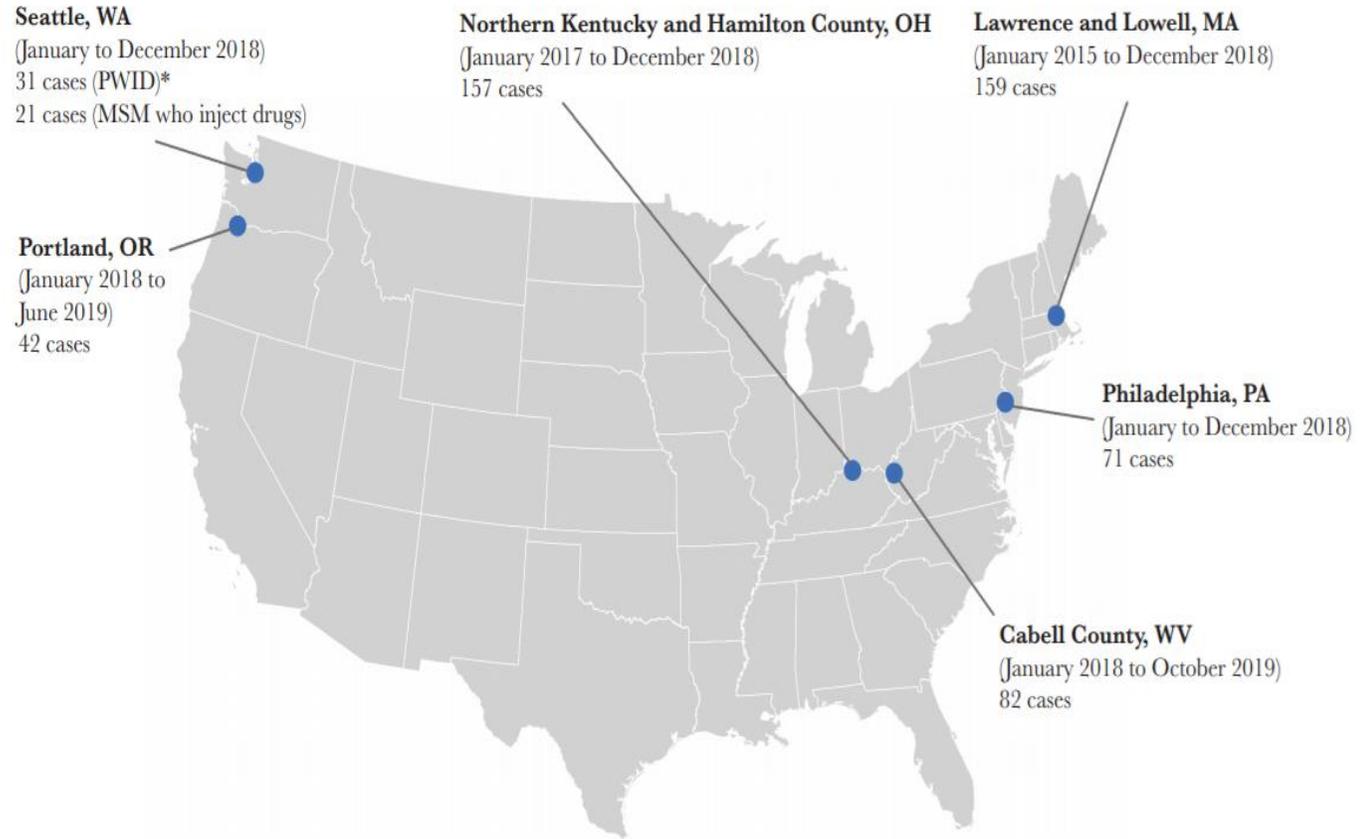
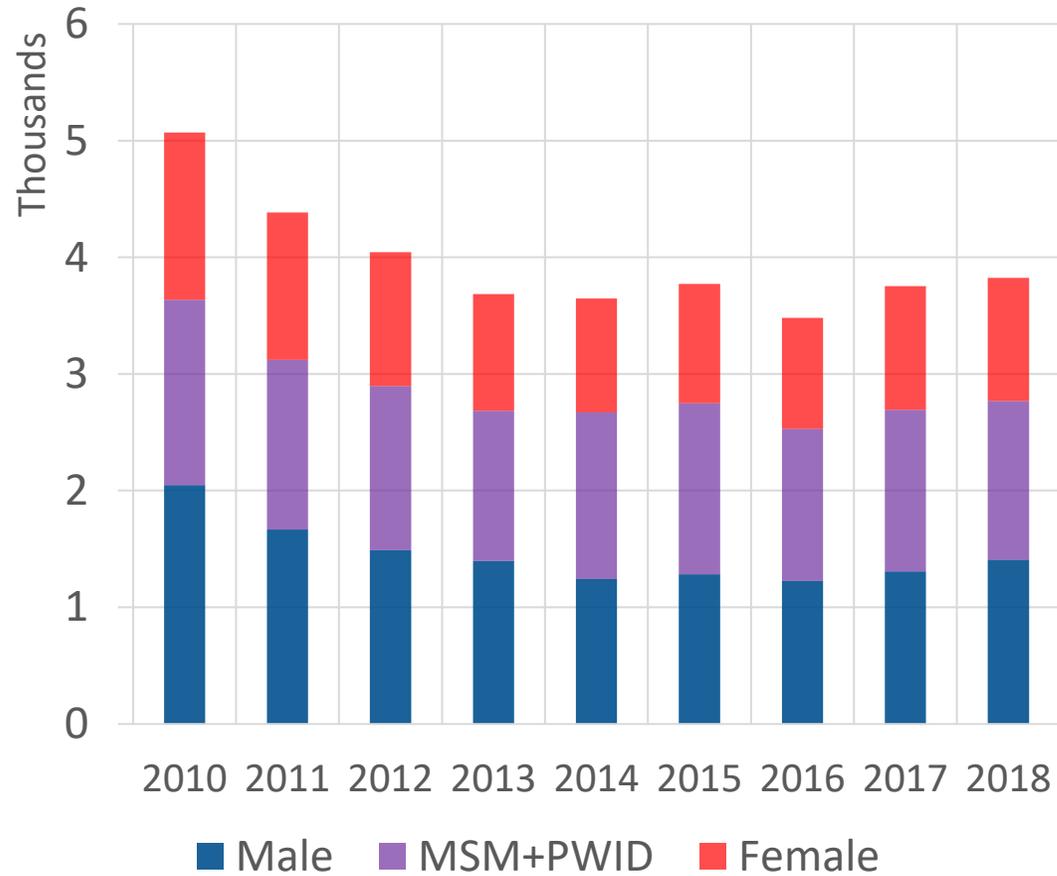
# Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review

Louisa Degenhardt, Amy Peacock, Samantha Colledge, Janni Leung, Jason Grebely, Peter Vickerman, Jack Stone, Evan B Cunningham, Adam Trickey, Kostyantyn Dumchev, Michael Lynskey, Paul Griffiths, Richard P Mattick, Matthew Hickman\*, Sarah Larney\*



# New HIV Diagnoses in PWID in U.S.: Troubling Outbreaks!

People Who Inject Drugs, New HIV Diagnoses by Year, CDC HIV Surveillance Reports



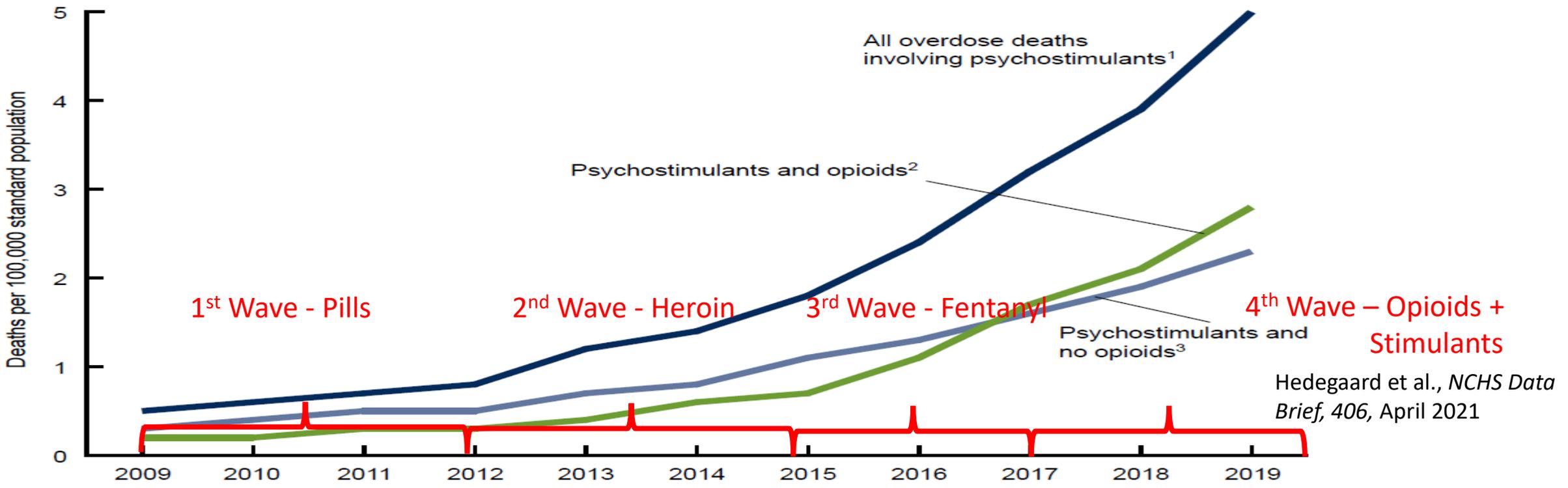
\* Does not include MSM who inject drugs

# Preventing HIV outbreaks among people who inject drugs in the United States: plus ça change, plus ça même chose

Steffanie A. Strathdee<sup>a</sup>, Irene Kuo<sup>b</sup>, Nabila El-Bassel<sup>c</sup>, Sally Hodder<sup>d</sup>,  
Laramie R. Smith<sup>a</sup> and Sandra A. Springer<sup>e</sup>

*AIDS* 2020, **34**:1997–2005

PLWH who Inject before 2009	PLWH who Inject after 2009
➤ Older	➤ Younger
➤ Urban	➤ Rural/Suburbs
➤ Black	➤ Caucasian



# Intertwining Epidemics



## HIV Infection Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs

National HIV Behavioral Surveillance • 2018

**11,437** persons who inject drugs (PWID) were interviewed in 23 cities with high levels of HIV.

**6%** were **HIV-positive**

**1 in 4**

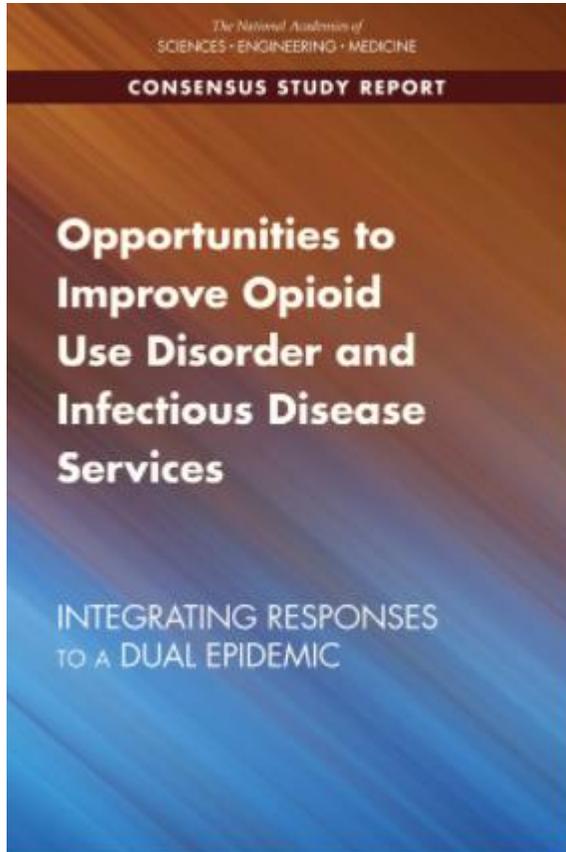
PWID  
**overdosed**

in the past 12 months.



**Medication-assisted treatment (MAT)** combines medications (such as buprenorphine and methadone) and behavioral therapy to **treat substance use disorders** and **prevent overdose**.

**28%** of PWID tried but **were unable to obtain MAT** for opioid use treatment.



# Overdose Deaths and Poverty

## HIV in the USA 5



### The opioid crisis and HIV in the USA: deadly synergies

Sally L Hodder, Judith Feinberg, Steffanie A Strathdee, Steven Shoptaw, Frederick L Altice, Louis Ortenzio, Chris Beyrer

The opioid epidemic is one of the greatest public health problems that the USA faces. Opioid overdose death rates have increased steadily for more than a decade and doubled in 2013–17, as the highly potent synthetic opioid fentanyl entered the drug supply. Demographics of new HIV diagnoses among people who inject drugs are also changing, with more new HIV diagnoses occurring among White people, young people (aged 13–34 years), and people who reside outside large central metropolitan areas. Racial differences also exist in syringe sharing, which decreased among Black people and Hispanic people but remained unchanged among White people in 2005–15. Recent HIV outbreaks have occurred in rural areas of the USA, as well as among marginalised people in urban areas with robust HIV prevention and treatment services (eg, Seattle, WA). Multiple evidence-based interventions can effectively treat opioid use disorder and prevent HIV acquisition. However, considerable barriers exist precluding delivery of these solutions to many people who inject drugs. If the USA is serious about HIV prevention among this group, stigma must be eliminated, discriminatory policies must change, and comprehensive health care must be accessible to all. Finally, root causes of the opioid epidemic such as hopelessness need to be identified and addressed.

*Lancet* 2021; 397: 1139–50

Published Online

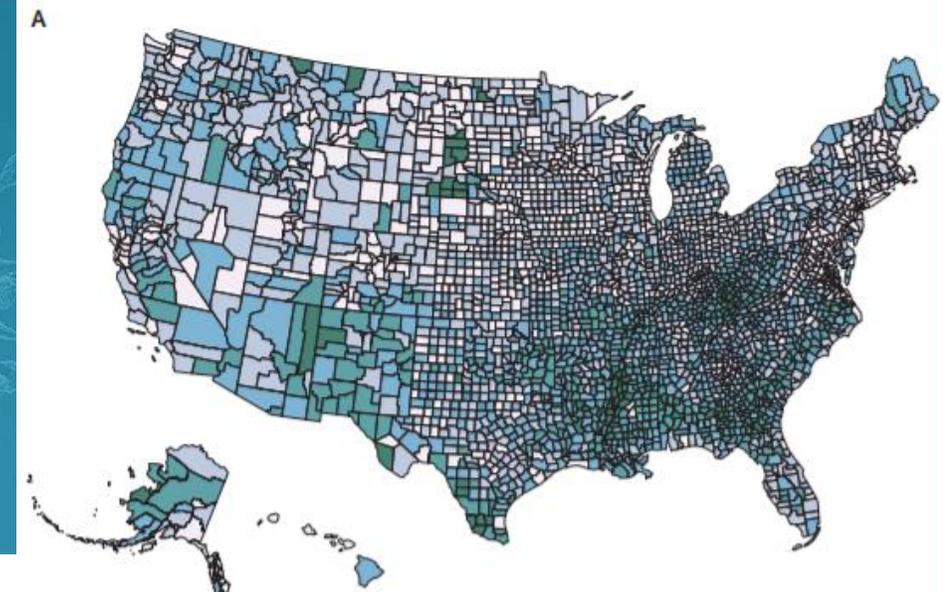
February 19, 2021

[https://doi.org/10.1016/S0140-6736\(21\)00391-3](https://doi.org/10.1016/S0140-6736(21)00391-3)

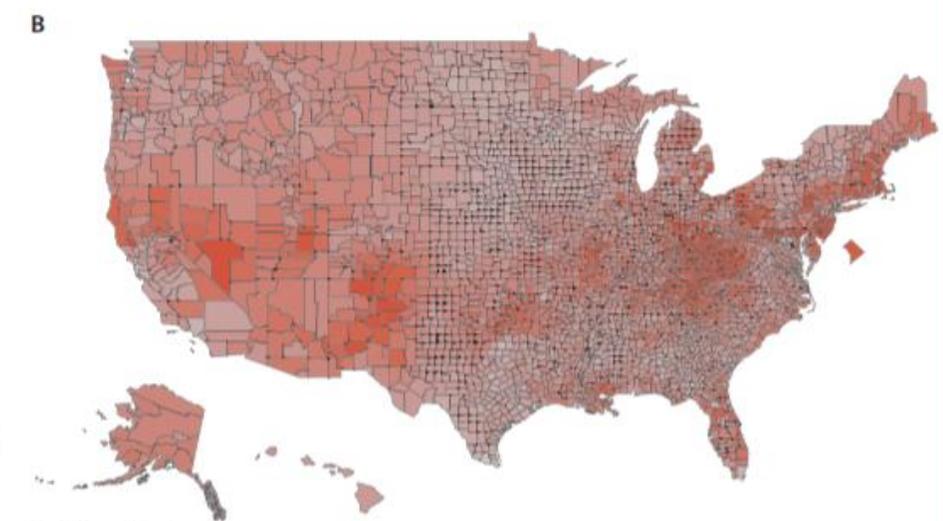
See [Comment](#) pages 1040 and 1043

This is the fifth in a [Series](#) of six papers about HIV in the USA

West Virginia Clinical and Translational Science Institute, University Health Sciences Center, West Virginia University, Morgantown, WV,

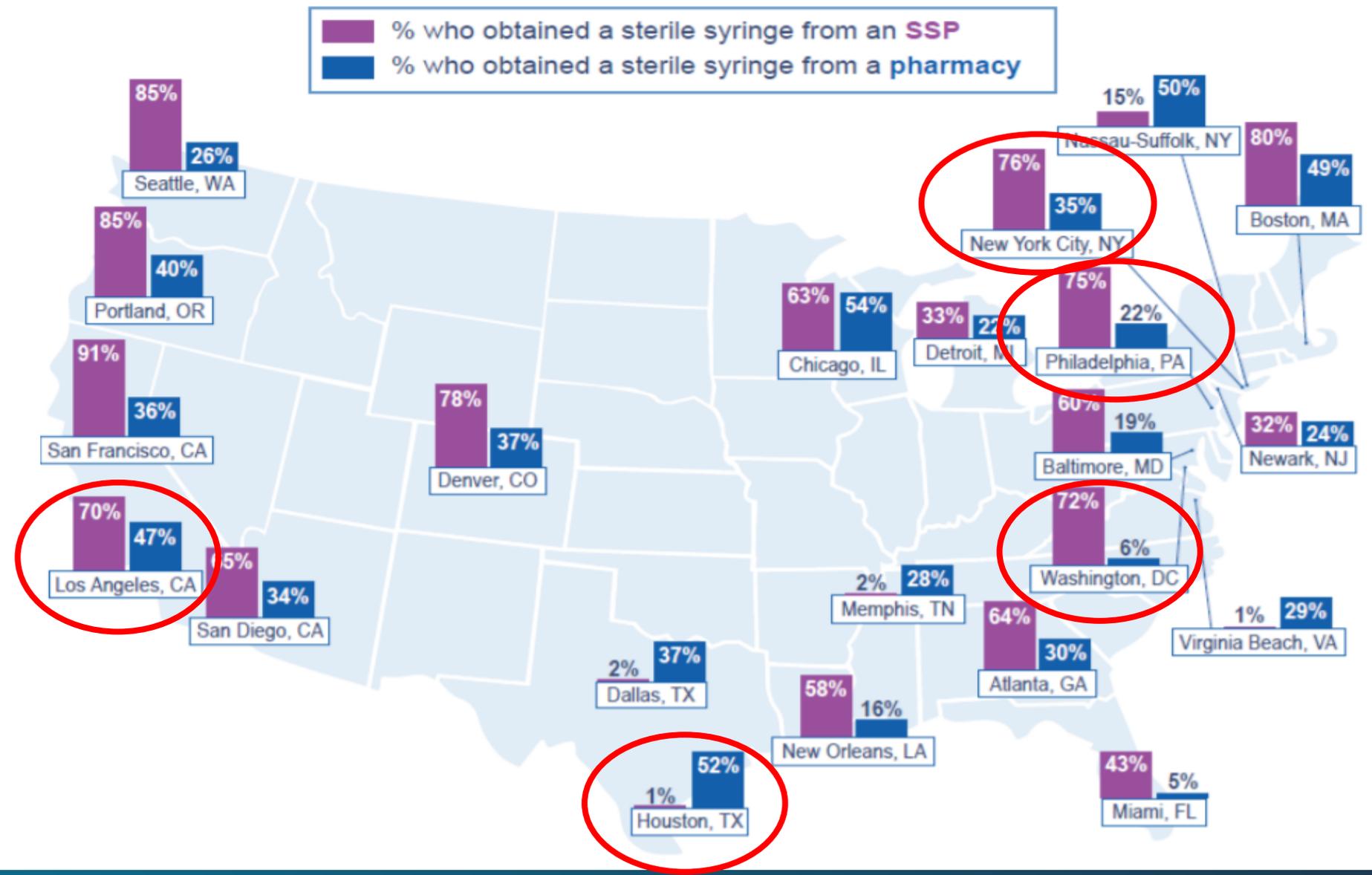


Percentage of people living in poverty  
 30.0% or higher 20.0-29.9% 15.0-19.9% 10.0-14.9% 0.0-9.9%



Model-based death rate  
 0.00 40.00

# NHBS Data 2018: Status on Sterile Supplies



# ...So What Would Whole Person Care Look Like?

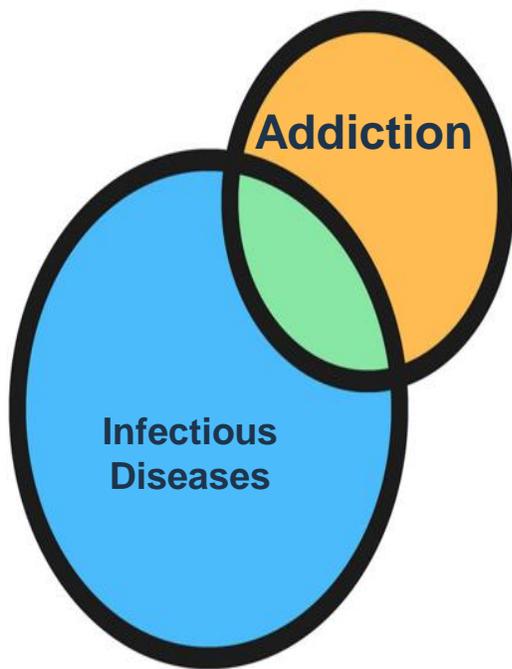
Issue	Need
<b>Women</b>	<ul style="list-style-type: none"> <li>• 27% of PWID population, though not represented in interventions</li> <li>• Go second to the needle, increasing HIV risk</li> <li>• Role abandonment leads adds stigma</li> <li>• IPV</li> </ul>
<b>Race/Ethnic Minority</b>	<ul style="list-style-type: none"> <li>• Lack of access to medications, harm reduction, emergency response</li> </ul>
<b>Criminal Justice</b>	<ul style="list-style-type: none"> <li>• The lifestyle ensures criminal justice involvement</li> </ul>
<b>Stigma</b>	<ul style="list-style-type: none"> <li>• Additive or synergistic barriers related to addiction, HIV, gender, race/ethnicity, poverty, criminal justice</li> </ul>
<b>Poverty</b>	<ul style="list-style-type: none"> <li>• Lack of access to social determinants of health</li> </ul>
<b>Siloed and/or Lack of Interventions</b>	<ul style="list-style-type: none"> <li>• Medical care, esp treatments for Opioid Use Disorder, harm reduction, test and treat for HIV/HCV/STIs, access to psychiatry/mental health counseling</li> <li>• Lack of health insurance in some states</li> <li>• Lack of treatment (and access to treatments) for stimulant and polysubstance use disorders</li> </ul>

# HPTN RESPONDS

HPTN 094

INTEGRA: A Vanguard Study of Integrated Strategies for Linking Persons who Inject Drugs (PWID) to Care and Prevention for Addiction, HIV, HCV and Primary Care

# Overview HPTN 094



Examine the efficacy “one stop” integrated health services presented in a mobile unit:

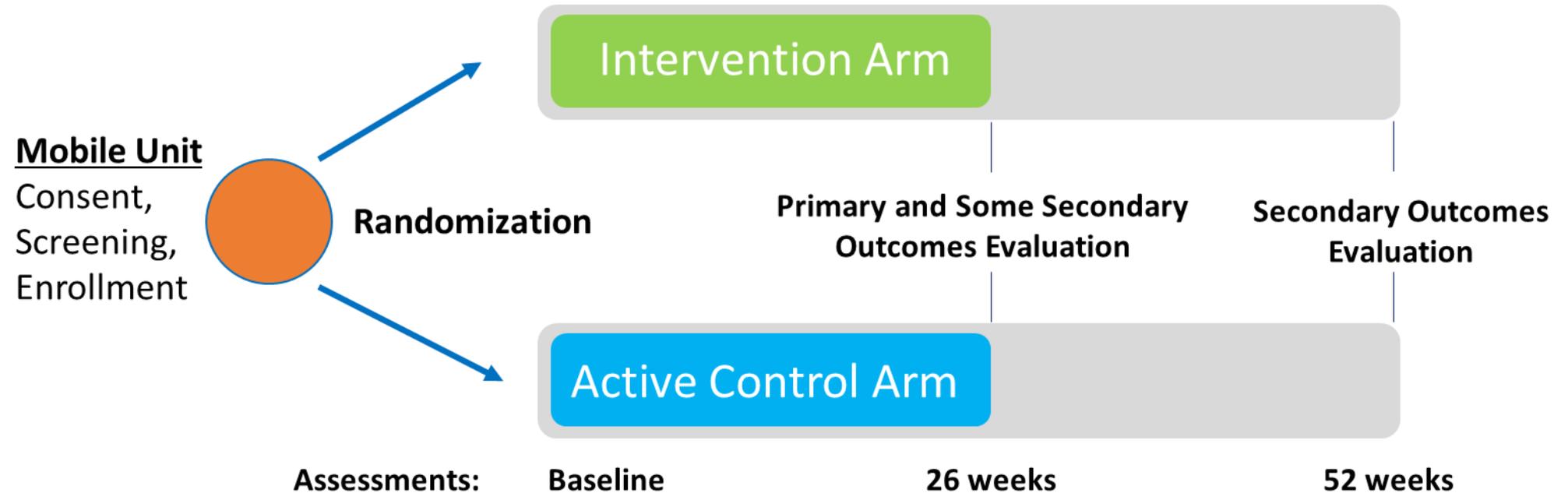
- Medication for Opioid Use Disorder (MOUD)
- Antiretroviral therapy, Pre-exposure prophylaxis
- STI test and treat
- HCV test and referral to treat
- Harm reduction supplies – including naloxone
- Food/housing assistance
- Peer navigation

compared to

An active control condition that currently does not exist:

- Peer navigation to the integrated health services in the community for people who inject opioids living with HIV or at risk

# Study Design



**INTERVENTION**  
“One stop shop” services in van, with peer navigation: MOUD, ART or PrEP, HCV, STI, primary care, and harm reduction

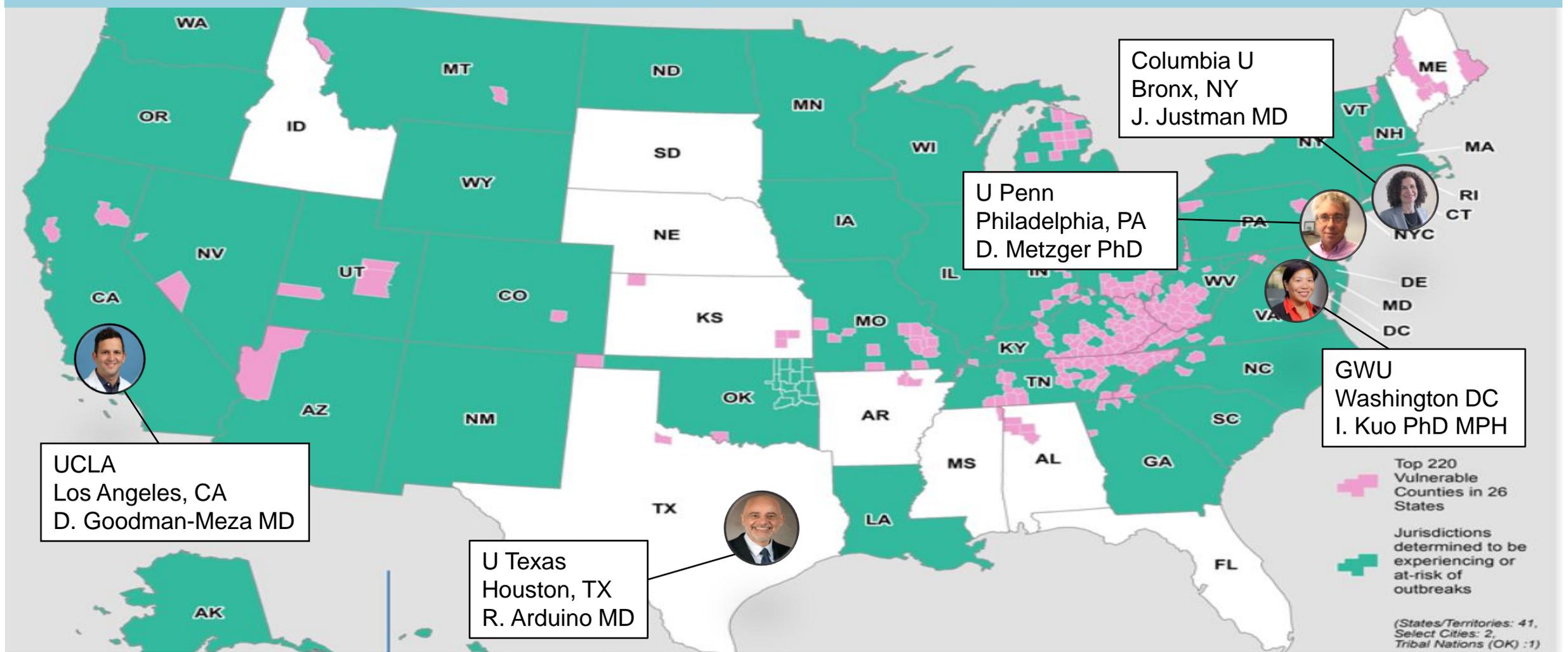
**ACTIVE CONTROL**  
Navigation to health services available at community-based agencies

# Peer Navigation

- Manual driven
- Systems theory, Self-determination theory, Social support theory, Empowerment theory, Shared decision-making theory
- Uses evidence-based theory coupled with lived experience of the peers to retain participants in services
  - Medication for opioid use disorder (and other substance use)
  - HIV care and prevention
  - HCV testing, referral to treatment
  - STI testing and treatment
  - Harm reduction, including syringe exchange
  - Referrals to mental health, legal support
  - Housing and food assistance
- Retain 90% of participants for 6- and 12-month follow-up visits

# Participating Sites

Plotted onto spatial map of IDU-HIV risk



# Where are we now?

- Study drug in pharmacy
- Study personnel hired; three weeks of study-specific training completed 25 March 2021
- Navigator Manual complete
- Databases final (Redcap, Medidata, EHR)
- Study open; Sites being activated
- Implementation science activities ongoing
- Three “Bridge Fellows”:
  - Abenaa Jones PhD (Penn State U)
  - Amaya Perez-Brumer PhD (U Toronto)
  - Sabrina Smiley PhD (USC)

# Summary

- HPTN 094 is the first effort in the United States to test the question of whether we need to change the way care is delivered for people who inject drugs and who live with HIV or are at risk.
- HPTN 094 is also the first effort in the United States to knit together the set of comprehensive services into a “one-stop shop” that is on wheels – that meets people where they are at when delivering:
  - Medication for opioid use disorder
  - HIV care and prevention
  - HCV test and referral to treatment
  - STI test and treat
  - Primary care
  - Food/housing assistance
  - Culturally competent navigation services



We're On  
The Road!



# Thank you!



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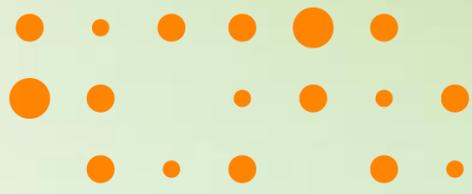
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