

# Opioid Continuum of Care for Persons Living with HIV: The First 8 Months. IDweek Virtual Conference

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IDweek 2020

@DrEllenEaton

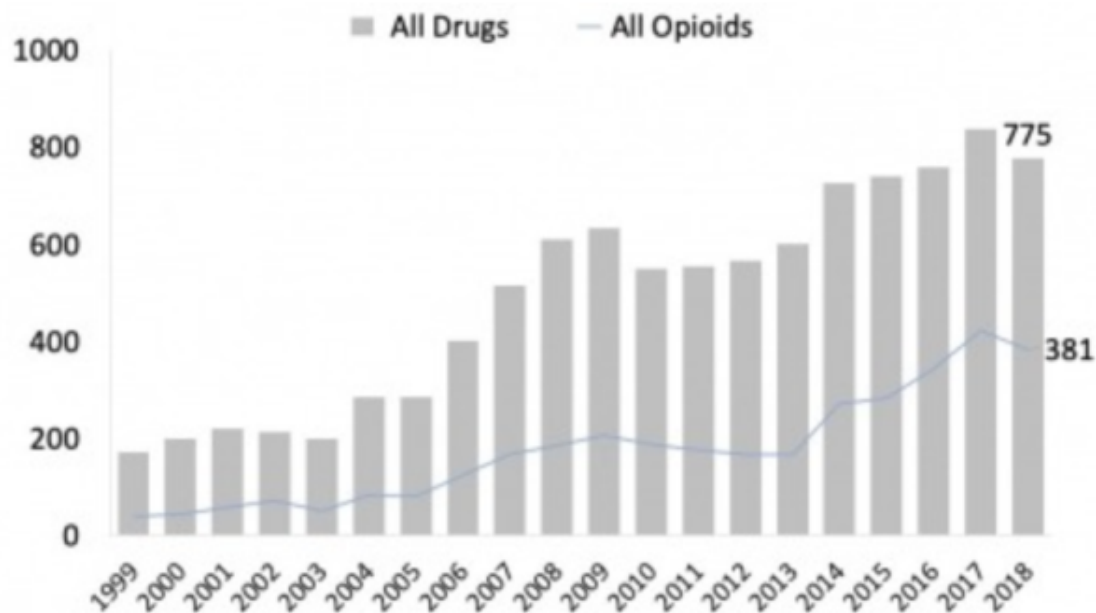
**I have no relevant conflicts of interest**

# Outline

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1. Opioid Outcomes in Alabama
2. Intersection of Opioids and HIV
3. Overview of 1917 OBOT Clinic
4. Clinical Outcomes

# Overdose Deaths, Alabama (1999-2018)



**Figure 1. Number of drug overdose deaths in Alabama.** Drug categories presented are not mutually exclusive, and deaths may have involved more than one substance. Source: CDC WONDER.

News

# Opioid crisis roars back in Alabama as overdoses rise during pandemic

Posted Sep 20, 2020



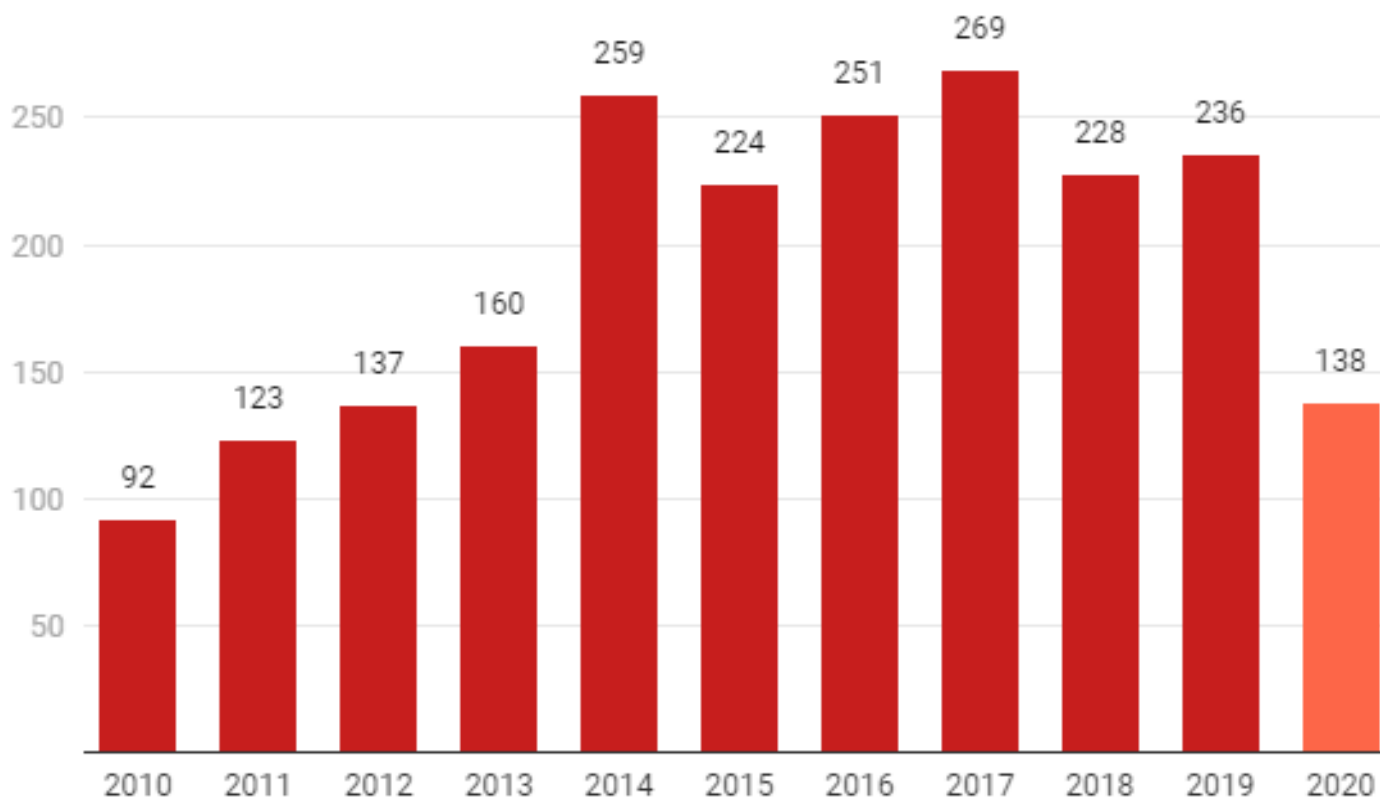
Naloxone can reverse an overdose that is caused by an opioid drug, which includes prescription pain medications and heroin. The drug blocks the effects of opioids on the brain and restores breathing within two to eight minutes. It has no effect on other organs. (file photo)



1,856  
shares

# Overdose Deaths, Jefferson County

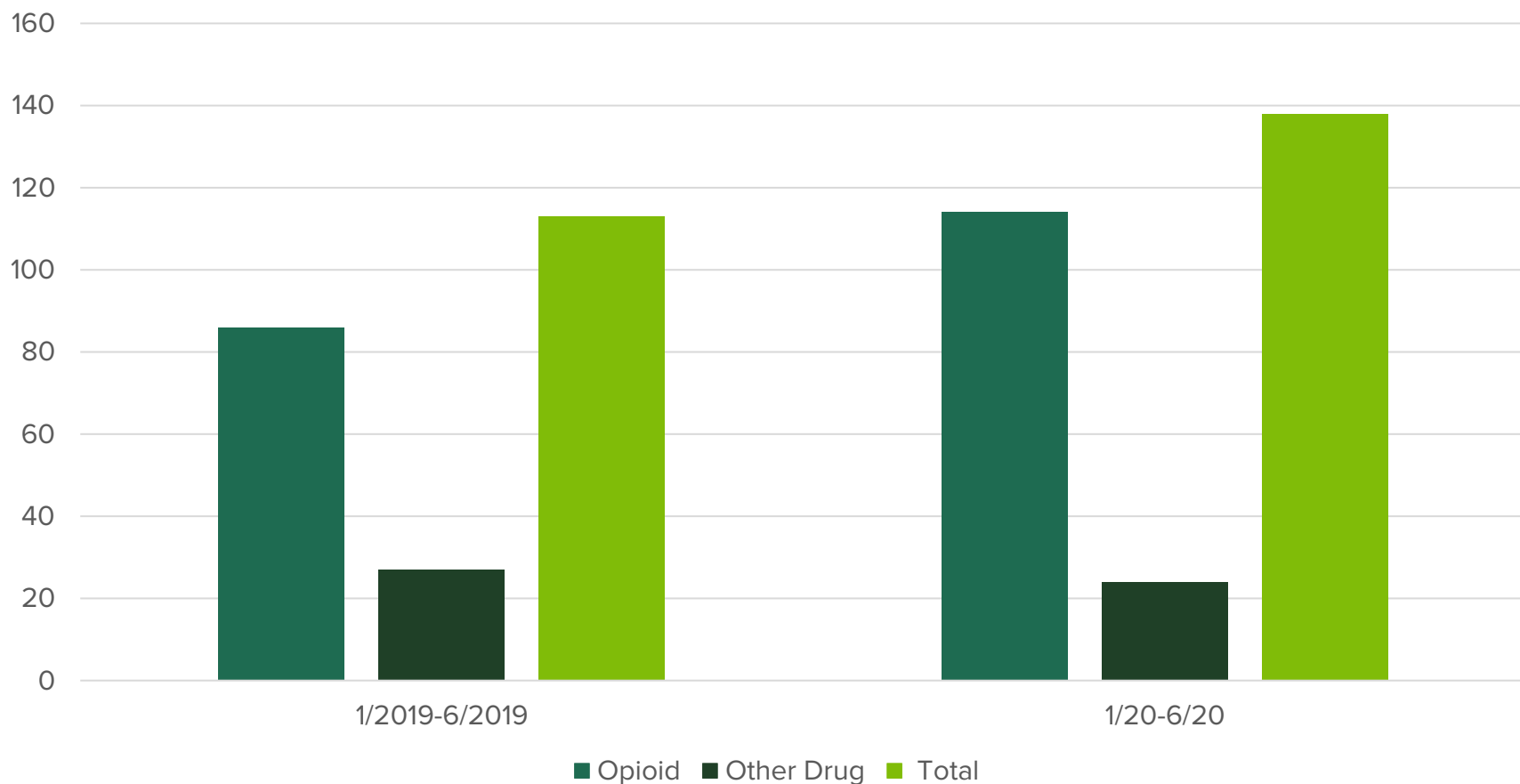
**Jefferson County overdose deaths by year**



*\*2020 data is through the end of June*

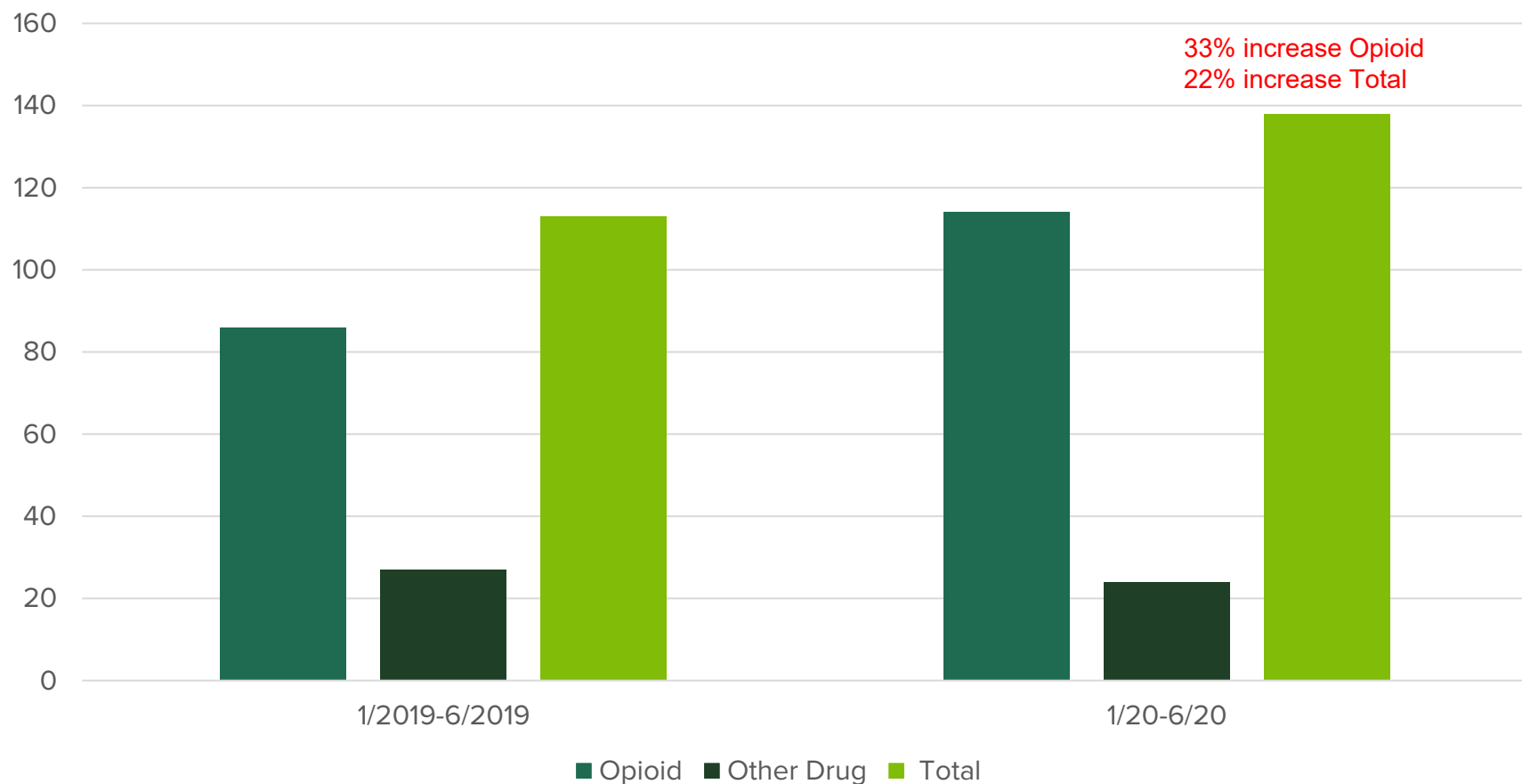
Chart: Ramsey Archibald • Source: [Jefferson Co. Coroner/Medical Examiner's Office](#) • [Get the data](#) •  
Created with [Datawrapper](#)

# Confirmed Drug Overdose Deaths, Jefferson Co



Courtesy, Dr. Brandi McCleskey, UAB Path

# Confirmed Drug Overdose Deaths, Jefferson Co



Courtesy, Dr. Brandi McCleskey, UAB Path



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August 1, 2019

# Opioid Injection in Rural Areas of the United States A Potential Obstacle to Ending the HIV Epidemic

Andrea M. Lerner, MD<sup>1</sup>; Anthony S. Fauci, MD<sup>1</sup>[» Author Affiliations](#) | [Article Information](#)*JAMA*. 2019;322(11):1041-1042. doi:10.1001/jama.2019.10657

**O**n February 5, 2019, President Trump announced in the State of the Union Address a plan to decrease the number of new HIV infections in the US by 75% in 5 years and by 90% in 10 years, thereby ending the United States HIV epidemic by 2030. The details of this plan were recently discussed in a Viewpoint<sup>1</sup> that pointed out that the tools are already at hand to accomplish this goal in the form of prevention and treatment modalities, notably, antiretroviral therapy for individuals with HIV infection and preexposure prophylaxis (PrEP) for people at increased risk of HIV infection, as well as access to needle and syringe exchange programs and treatment of opioid use disorder when needed. Implementation of these tools in the demographic and geographic hot spots of infection will be critical to the success of the plan. However, an insidious threat to the achievement of this goal is

# Meds for OUD (MOUD)

- MOUD reduce opioid use, overdose, death
  - Buprenorphine, methadone
- Prevention: Reduce HIV and HCV acquisition
- Treatment: Improve HIV, HCV treatment outcomes

Sordo.BMJ.2017  
Altice.JAIDS.2011  
Mattick. Cochrane.2014  
Nance et al. CID.2019

# Opioid Use Disorder in PLWH

- Opioid Misuse prevalence in PLWH 2-5%
- UNC HIV CLINIC
  - 1,440 PLWH at UNC (2012- 2017)
  - Opioid Misuse in 2% in 3 mos, 15% lifetime

Shranz et al. AIDS Care. 2019

- CNICS Cohort
  - 12, 492 PLWH in CNCIS (1995-2019)
  - Opioid Misuse in 4.5% in last 30 days

Nance et al. CID.2019

# 1917 HIV Outpatient Based Opioid Treatment Clinic (OBOT)

- UAB 1917 HIV OBOT Clinic opened Nov 2019
- One half day clinic staffed by an MD, NP, Social Worker
- Objective:
  - Evaluate prevalence of OUD in 1917 Clinic
  - Demonstrate OUD treatment outcomes and utilization
- Hypothesis:
  - Approximately 200 PLWH would have OUD
  - New referrals would increase following COVID-19 (March 2020)

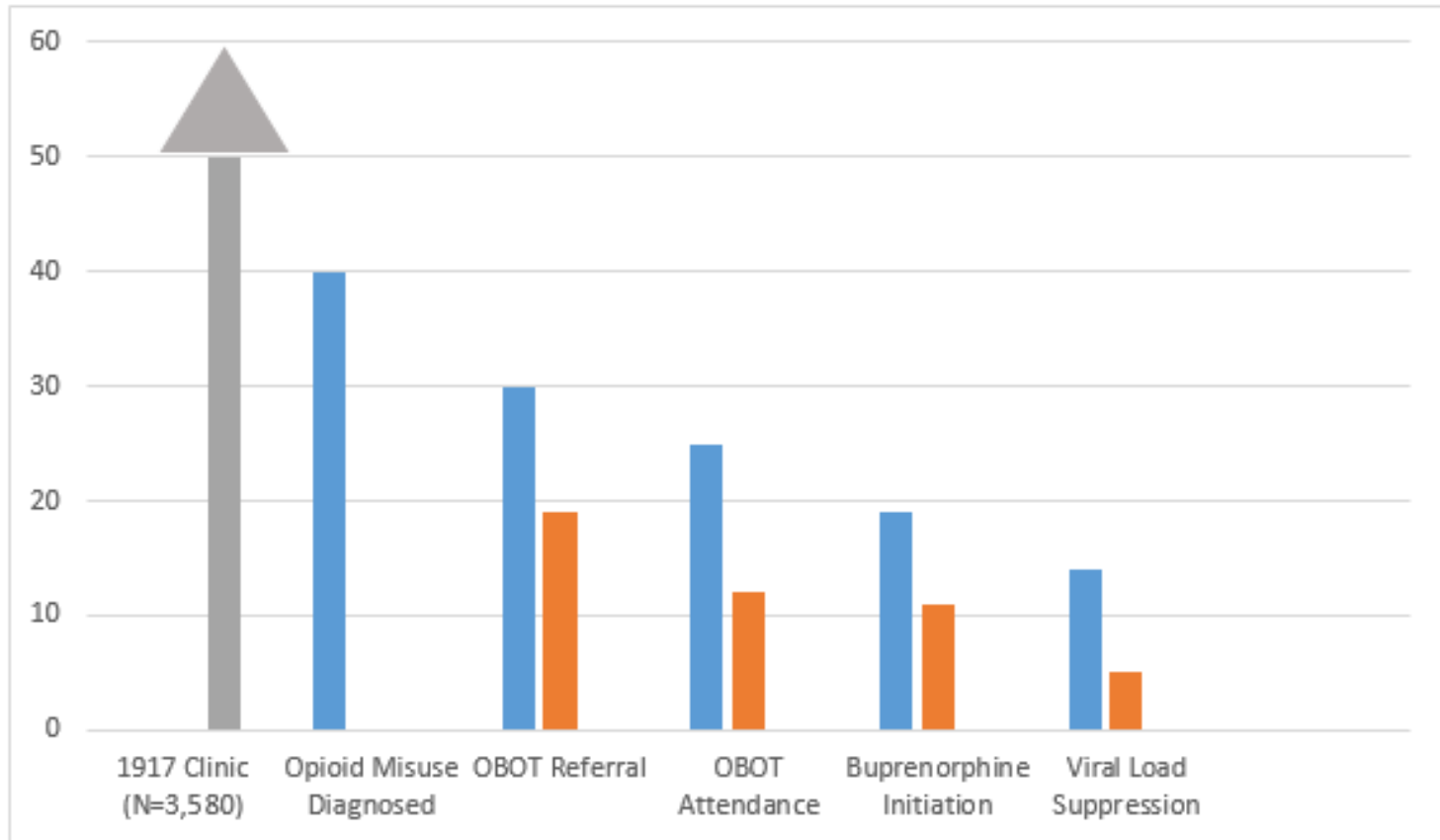
# Methods

- Retrospective study PLWH at the 1917 HIV Clinic from November 2019 until June 2020
- Opioid Misuse was defined as patient-reported illicit use using validated tool (ASSIST) and/or ICD9 code in the last 12 months
- We evaluated the Opioid Continuum of care: OBOT referral, attendance, buprenorphine initiation, and HIV suppression (viral load <20)
  - Stratified PLWH with Opioid Misuse alone versus those with comorbid stimulant disorder (ASSIST)
- We explored changes in clinic utilization following COVID19

# Results: Clinical Outcomes

- 3,580 PLWH received care in the UAB 1917 HIV clinic
- Only 40 were identified as having opioid misuse based on self-report and ICD-9 codes
- 50% Female, 30% African American
- Median age 42 yrs
- Overall, 30 patients were referred to OBOT clinic
  - Over half had comorbid stimulant use disorder
- 25 attended an OBOT visit
- 19 received buprenorphine
- 14 (74%) had a VL <20 in the last 3 months

# The Opioid Continuum of Care for PLWH at the UAB Outpatient Opioid Treatment Clinic



Blue Opioid Misuse Only

Orange Opioid Misuse and Stimulant Use

# Results: Clinic Utilization

- Patients received an average of 3.7 visits (range 1-10) over the study period
- The number of new referrals did not increase (average 3.8 per month)
- The overall number of OBOT appointments (patient visits per clinic session) increased from an average of 12 per month before COVID to 26 per month after March 1
- In other words, patients were being seen more frequently for opioid-treatment related services following COVID-19



# Conclusions

- A surprisingly low percentage of patients report opioid misuse, which likely underestimates the true OUD burden in the Deep South
- Stimulant Use Disorder affects over half: an added barrier to HIV suppression
- In this small and early assessment, there are multiple missed opportunities for progress along the OUD continuum starting with diagnosis and referral
- Yet, even this small clinic has rapidly reached clinical capacity (1/2 day weekly) accelerated by psychosocial needs in the context of COVID19

# Acknowledgements

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**RISC Group**

**My boys**