



# WORKING WITH PEOPLE WITH HIV WHO USE DRUGS FAQs

## Why This Topic?

The current U.S. opioid crisis threatens to reverse a long-standing downward trend in HIV infections among people who use drugs (PWUD). Opioid use disorder (OUD) worsens HIV treatment outcomes and survival; PWUD are less likely than other people with HIV to be linked to care, less likely to be retained in care, less likely to achieve viral suppression and often have comorbidities, including mental health disorders, chronic HCV infections, and sexually transmitted infections (STIs).<sup>1</sup> In addition, they often encounter stigma in healthcare settings, leading people to delay or avoid care or seek it only in settings where they are more comfortable.<sup>2,3</sup> Studies have found that integrating HIV care and treatment with addiction treatment, mental health care, and social support services in a stigma-free setting improves HIV clinical outcomes among people with substance use disorder (SUD).<sup>4</sup>

## What are Some Tips for Success?

**Hire the right people.** All staff members should be non-judgemental, approach their work with empathy, be team players, and be open to learning from and listening to clients and each other. Seek people with strong interpersonal skills who are easily able to connect with clients and ensure they feel welcomed and safe.

**Take a trauma-informed approach.** The impact and enormity of trauma on PWUD is significant. Ensure leadership and all staff are devoted to delivering trauma-informed care, and that team members receive training in a trauma-informed approach to service delivery.

## What are the Capacity Requirements for Working with People with HIV Who Use Drugs?

Below are some questions to consider early on in your planning process:

- Does your organization have experience working with people with HIV, SUD, and mental health disorders, and helping to support their medical and social service needs?
- Is staff trained in providing integrated and trauma-informed care for HIV, mental health, and SUD?
- Is the staff culturally responsive, compassionate, and interested in working with PWUD with HIV?
- Is your organization able to either offer or partner with others to provide clients with integrated, comprehensive HIV medical care with addiction services and medication protocols for SUD?
- Can you provide or partner with others to offer mental health care, harm reduction services, medical and non-medical case management, chronic disease self-management, and care coordination for complex clients and for clients transitioning from jail to community medical care?

**Collaborate.** It is essential to develop and maintain relationships with partners. Identify key stakeholders who will facilitate implementation of interventions and work with them to develop systems that will enhance referrals to, linkage to, and retention in care.

## Featured Intervention

The Integration of Comprehensive HIV Medical Care with Addiction Services intervention integrates comprehensive HIV medical care with addiction services and medication protocols for substance use disorder, as a treatment model for people with HIV who use drugs. These services were implemented at the individual and system-level to provide a “one-stop shop” for HIV primary care, wraparound services, and addiction medicine services. The intervention is grounded in the following values and strategies:

- *Client-centered.* Intervention staff make care plans for each client, which are based on their needs and are revised to address arising challenges to positively affect linkage, engagement, and retention in care.
- *Trauma-informed and welcoming.* Services are trauma-informed and based on each client's acuity and identified needs and delivered in a safe, welcoming, and stigma-free space.
- *Harm reduction.* The intervention provides non-judgmental and non-coercive services to meet clients “where they are” and assist them in minimizing risks.
- *Team-based.* Service delivery relies on collaboration and close communication between providers and care teams.

### Innovations

A key component contributing to the success of this intervention is the development of a robust data management and sharing system. The intervention was able to obtain adequate funding to support a data team to input and analyze data and facilitate process improvement. The intervention's data management and sharing system has enabled the program to improve retention in care and viral suppression among people with HIV and SUD, and to monitor these important outcomes, reducing the number of clients who did not have an appointment for six months from 15 percent to 10 percent in just three months.

### Accomplishments

As a result of the intervention:

- 80 percent were retained in care
- 72 percent were virally suppressed

## Where Can I Find Additional Resources?

### Integration of Comprehensive HIV Medical Care with Addiction Services

[https://targethiv.org/intervention/integration-comprehensive-hiv-medical-care-addiction-services?utm\\_source=bpURL](https://targethiv.org/intervention/integration-comprehensive-hiv-medical-care-addiction-services?utm_source=bpURL)

### Integration of Comprehensive HIV Medical Care with Addiction Services Intervention Implementation Guide

<https://targethiv.org/ihip/addictionservices>

### The Intersection of HRSA's Ryan White HIV/AIDS Program and the Opioid Epidemic

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/opioid-executive-summary-report.pdf>

### Enhancing Trauma-Informed Care Through Collaboration and Routine Behavioral Health Screening

<https://ryanwhiteconference.hrsa.gov/wp-content/uploads/2022/08/2022-National-Ryan-White-Conference-Full-Program-508-081622.pdf>

### Integration of Buprenorphine into HIV Primary Care Settings: Tools from the Integrating HIV Innovative Practices Program

<https://targethiv.org/ihip/buprenorphine>

### Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care

<https://targethiv.org/deii/deii-buprenorphine>

### Best Practices Compilation

<https://targethiv.org/bestpractices/search>

## References

<sup>1</sup>U.S. Centers for Disease Control and Prevention. (2018). *Selected National HIV Prevention and Care Outcomes*. [PowerPoint].

<https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes-2018.pdf>

<sup>2</sup>Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., Mitchell, E., Nelson, R. E., Sapag, J. C., Siraprasiri, T., Turan, J., & Wouters, E. (2019). Stigma in health facilities: Why it matters and how we can change it. *BMC Medicine*, 17(1), 25.

<https://doi.org/10.1186/s12916-019-1256-2>

<sup>3</sup>Biancarelli, D. L., Biello, K. B., Childs, E., Drainoni, M., Salhaney, P., Edeza, A., Mimiaga, M. J., Saitz, R., & Bazzi, A. R. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. *Drug and Alcohol Dependence*, 198, 80–86.

<https://doi.org/10.1016/j.drugalcdep.2019.01.037>

<sup>4</sup>Mohd Salleh, N. A., Voon, P., Karamouzian, M., Milloy, M. J., & Richardson, L. (2021). Methadone maintenance therapy service components linked to improvements in HIV care cascade outcomes: A systematic review of trials and observational studies. *Drug and Alcohol Dependence*, 218. <https://doi.org/10.1016/j.drugalcdep.2020.108342>

## About IHIP

Integrating HIV Innovative Practices (IHIP) includes implementation tools and resources, peer-to-peer technical assistance, and other capacity building support to help providers address needs and gaps in the delivery of HIV care and treatment along the HIV Care Continuum. Visit [www.targethiv.org/ihip](http://www.targethiv.org/ihip) to subscribe for updates on intervention materials, trainings and TA opportunities.