

APA RESOLUTION on Drug Abuse Treatment to Prevent HIV Among People Who Inject Drugs

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WHEREAS the primary routes of HIV transmission among people who inject drugs (PWID) is the sharing of contaminated injection equipment and condomless vaginal or anal intercourse; and

WHEREAS injection drug use is inextricably linked to the HIV epidemic in the United States and in many other countries; and

WHEREAS in 2016 in the United States and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands), an estimated 3,425 diagnoses of HIV infections among adults and adolescents were attributed to injection drug use, of which, 43% were among Whites, 31% among Blacks/African Americans, and 21% among Hispanics/Latinos (CDC, 2017); and

WHEREAS vulnerable populations, including people who live in disadvantaged neighborhoods, sexual and gender minorities, individuals with mental illnesses, and individuals with a history of sexual, physical, and emotional abuse, are more likely to abuse illicit drugs (Centers for Disease Control and Prevention, 2013); and

WHEREAS close to half a million persons in the United States, aged 12 or older, report using a needle to inject heroin, cocaine, methamphetamine, or other stimulants in the past year (Substance Abuse and Mental Health Services Administration, 2009); and

WHEREAS 50% of injection drug users reported reusing a needle at their last injection, 13% reported using a needle that had been used by others, and 29% reported cleaning the needle with bleach prior to their last injection (Substance Abuse and Mental Health Services Administration, 2009); and

WHEREAS only a fraction of people who need substance abuse treatment are able to obtain it through public agencies (Substance Abuse and Mental Health Services Administration, 2013); and

WHEREAS effective drug abuse treatment includes HIV prevention because it reduces activities that can spread disease such as sharing injection equipment and engaging in unprotected sexual activity (NIDA, 2018); and

WHEREAS people who inject drugs and do not enter drug abuse treatment are up to six times more likely to become infected with HIV than those who enter and remain in drug abuse treatment (NIDA, 2018); and

WHEREAS participation in drug abuse treatment also facilitates HIV screening and referral to early HIV treatment (Gardner et al., 2016; NIDA, 2018); and

WHEREAS participation in medications for opioid use disorder (MOUD), including methadone maintenance and buprenorphine treatment, is associated with decreased illicit drug use, drug use HIV risk behaviors, and criminal activity (Avants, Margolin, Usubiaga, & Doebrick, 2004; Beg, Strathdee, & Kazatchkine, 2015; Keen, Oliver, Rowse, & Mathers, 2003; Krupitsky et al., 2006; Reynaud-Maurupt et al., 2000; Schottenfeld, Chawarski, & Mazlan, 2008; Sees et al., 2000; Stock & Shum, 2004; Sullivan et al., 2008; Teesson et al., 2008; Thiede, Hagan, & Murrill, 2000); and

WHEREAS participation in MOUD has been shown to be associated with reduced sexual activity, number of sex partners, and risky sex partners in some studies (Avants et al., 2004; Lollis, Strothers, Chitwood, & McGhee, 2000; Meade et al., 2010; Sorensen & Copeland, 2000); and

WHEREAS participation in MOUD and needle exchange programs is associated with reduced risk of HIV seroconversion (Beg, Strathdee, & Kazatchkine, 2015; Hartel & Schoenbaum, 1998; MacArthur et al., 2012; Van Den Berg, Smit, Van Brussel, Coutinho, & Prins, 2007); and

WHEREAS participation in MOUD is associated with increased likelihood of reaching virological suppression among participants living with HIV (Reynaud-Maurupt et al., 2000; Roux et al., 2009; Sorensen & Copeland, 2000); and

WHEREAS substance use treatment levels of care, including long-term residential, intensive outpatient, and short-term inpatient treatment for cocaine, alcohol, and poly-drug use, are associated with significant reductions in drug use and injection risks that lead to HIV transmission (Altice, Kamarulzaman, Soriano, Schechter, & Friedland, 2010; Avins et al., 1997; Durvasula & Miller, 2014; Farrell, Gowing, Marsden, Ling, & Ali, 2005; Gottheil, Lundy, Weinstein, & Sterling, 1998; Hubbard,

Craddock, Flynn, Anderson, & Etheridge, 1997; Longshore & Hsieh, 1998; McCusker, Bigelow, Stoddard, & Zorn, 1994; McCusker, Willis, Vickers-Lahti, & Lewis, 1998; Sorensen & Copeland, 2000); and

WHEREAS methadone treatment programs and providers are required to undergo an accreditation and review process that is costly in terms of compliance oversight and funds, and may discourage smaller treatment programs from applying to provide methadone maintenance therapy (MMT) (Department of Health and Human Services, 2001; Substance Abuse and Mental Health Services Administration, 2006); and

WHEREAS the Drug Abuse Treatment Act of 2000 allows physicians to take a short specialty training course to become certified to prescribe buprenorphine in an office setting, yet few have done so due to financing and services delivery barriers, including a cap on the number of patients who can be treated and the frequency of office visits required to achieve stabilization (Pating, Miller, Goplerud, Martin, & Ziedonis, 2012; West et al., 2004); and

WHEREAS access to drug treatment, including MOUDs, for people who inject drugs is inadequate, particularly in rural areas (Compton, Thomas, Stinson, & Grant, 2007; Deck & Carlson, 2004; Guerrero, Marsh, Khachikian, Amaro, & Vega, 2013; Stein et al., 2015; Zaller, Bazazi, Velazquez, & Rich, 2009).

WHEREAS psychologists have many areas of relevant practice competence, including assessment, intervention, and prevention skills, that could and should inform the discourse about HIV prevention and substance abuse treatment for people who inject drugs and their significant others; and

WHEREAS psychologists' training in research makes them especially well-qualified to assist policy-makers in making informed judgments based on the best available science; and

WHEREAS syringe service programs (SSPs) have been recognized by The Centers for Disease Control and Prevention (2018) and the U.S. Department of Health and Human Services (2016) as an effective component of comprehensive, integrated approach to HIV prevention among people who inject drugs; and

WHEREAS the Consolidated Appropriations Act of 2016 Division H, Sec. 520, provides states and local communities, under limited circumstances, with the opportunity to use federal funds to support certain components of SSPs; and

WHEREAS psychologists should be included in those healthcare professionals who are able to provide drug abuse treatment in order to prevent HIV among people who inject drugs.

THEREFORE be it resolved that the American Psychological Association (APA) actively supports and promotes an increase in accessible, available drug treatment for people who inject drugs in traditional substance abuse, mental health, correctional, educational, and medical care settings in both rural and urban areas to prevent the spread of HIV and other infectious diseases.

LET IT BE FURTHER RESOLVED that the APA:

Encourages state governments, Congress, and the executive branch to promote public policies and revise regulations and provide increased training to potential providers to increase available drug treatment for HIV prevention in a variety of settings, and

Encourages the support for syringe service programs (SSPs), which have also been referred to as syringe exchange programs (SEPs), needle exchange programs (NEPs) and needle-syringe programs (NSPs), that are community-based programs that provide access to sterile syringes and injection equipment, free of cost, and facilitate the safe disposal of used syringes and injection equipment.

Promotes increased funding for HIV prevention research that includes drug treatment provided in traditional substance abuse, mental health, correctional, educational, and medical care settings; and

Supports training in HIV prevention interventions, including addiction treatment for people who inject drugs, within psychology training programs at all levels; and

Promotes and facilitates psychologists' acquisition of competencies in addiction treatment strategies that decrease transmission of the HIV virus among people who inject drugs that are culturally responsive and gender appropriate; and

Encourages psychologists to develop multi-cultural competencies that address the issues specific to sub-groups, including individuals from diverse racial, ethnic, gender, sexual orientation, and socioeconomic groups, who use and inject drugs; and

Advocates for reimbursement of psychologists for provision of drug treatment interventions that decrease drug-related HIV risk behavior among people who inject drugs; and

Supports psychologists as they engage in interdisciplinary and international efforts involving other health, mental health, and substance abuse professionals who seek to enhance understanding and treatment of drug dependence and sexual risk behaviors.

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