



Substance Abuse and Mental Health  
Services Administration

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November 21, 2018

Dear Colleague:

As Assistant Secretary for Mental Health and Substance Use, I urge the public health and substance use treatment communities to focus on the synergistic epidemics of substance use disorder, human immunodeficiency virus (HIV) and viral hepatitis. To protect the health of our nation, we must leverage every available resource to prevent, detect, and treat these frequently co-occurring conditions. With effective implementation of evidence-based screening tools, preventive interventions, clinical treatments, and recovery supports we will improve health outcomes, prevent spread of infection, and reduce mortality in vulnerable populations.

Because drug use may weaken the immune system and lead to risky behaviors such as needle sharing and unsafe sex, people who use drugs – including injection drugs – have a greater likelihood of contracting HIV, hepatitis, and other infectious diseases.<sup>1,2</sup> In June 2018, the CDC issued a Public Health Alert regarding more than 2,500 new hepatitis A (HAV) infections across multiple states.<sup>3</sup> Over two-thirds of these infections were among individuals who use illicit drugs or were homeless. Similarly, acute hepatitis C virus (HCV) infection increased 3.5-fold from 2010 through 2016. Researchers believe the increase in acute HCV cases reflects rising rates of injection-drug use.<sup>4</sup> Almost two-thirds of persons diagnosed with acute HCV infection in the U.S. are people who inject drugs (PWID). Even acute hepatitis B infections showed sharp increases between 2006 to 2013 in states greatly affected by the opioid epidemic (Kentucky, Tennessee, and West Virginia).<sup>5</sup>

If we thoughtfully address the HIV, hepatitis and substance use disorder epidemics, we may alleviate disease burden and excess mortality for all three conditions. For example, treatment of opioid use disorder with buprenorphine increases uptake of antiretroviral treatment for HIV infection. Once stabilized, patients are more likely to begin a course of treatment for HCV

<sup>1</sup> <https://www.cdc.gov/hiv/group/hiv-idu.html>

<sup>2</sup> Paintsil E, He H, Peters C, Lindenbach BD, Heimer R: Survival of hepatitis C virus in syringes: implication for transmission among injection drug users. *J Infect Dis.* 2010 202(7):984-90.

<sup>3</sup> <https://emergency.cdc.gov/han/han00412.asp>

<sup>4</sup> Zibbell JE, Asher AK, Patel RC, Kupronis B, et al. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. *Am J Public Health.* 2018;108(2):175-181.

<sup>5</sup> <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>

coinfection. Failure to treat individuals with opioid use disorder and HIV/HCV co-infection has serious consequences including end-stage liver disease, liver cancer, or related mortality.<sup>6</sup>

The risk of HIV and viral hepatitis transmission is lower when people who are infected know their status and receive education and treatment. The U.S. Preventive Services Task Force (USPSTF) recommends screening for HIV, HBV, and HCV for all adults at high risk, including PWID but, unfortunately, as many as 1 in 7 people with HIV and more than half of people with HBV and HCV are unaware of their status.<sup>7,8,9</sup> Since 2012, there have been more deaths due to hepatitis C than all 60 major infectious diseases combined.<sup>10</sup> And, in 2015, the rapid outbreak of HIV and HCV in Scott County, Indiana demonstrated how a lack of medical care capacity and substance use disorder (SUD) prevention and treatment resources can accelerate the devastating spread of disease.<sup>11</sup>

In most cases, private insurance and Medicare/Medicaid are required to cover preventative services with a grade A or B recommendation by the USPSTF. Thus, hepatitis A and B vaccination and HIV, HBV and HCV testing are available without a deductible or co-pay for most Americans.<sup>12</sup> Furthermore, Medicaid provides flexibility for states to improve care coordination and treatment for individuals living with SUD and those with HIV. SUD treatment providers without onsite rapid testing, vaccination, or prophylaxis prescribing, must form close partnerships with public health and/or primary care partners such as Federally Qualified Health Centers to which patients may be referred for these services to ensure receipt of necessary and ongoing care for health conditions including HIV and viral hepatitis.<sup>13</sup> In addition, peer navigators help increase access to care, treatment adherence, and viral suppression. Follow up and coordination with public health partners is essential.

SUD providers can help people with the epidemic conditions of substance use disorder, HIV, and viral hepatitis by focusing on the following goals:

1. **Reduce and eliminate alcohol and drug use**
2. **Provide evidence-based treatment for substance use disorders**
3. **Assist patients to get tested for HIV and viral hepatitis**
4. **Educate about prevention of substance use disorders and infectious diseases**
5. **Assure that those with substance use disorder(s) and/or infectious diseases get treatment**
6. **Provide post-exposure prophylaxis where clinically indicated**
7. **Encourage patients to practice safer sex every time**

<sup>6</sup> <https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis>

<sup>7</sup> <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

<sup>8</sup> <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/data-and-trends/index.html>

<sup>9</sup> <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/hepatitis-c-screening>

<sup>10</sup> <https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis>

<sup>11</sup> Peters PJ, Pontones P, Hoover KW, et al. HIV infection linked to injection use of oxymorphone in Indiana, 2014-2015. *N Engl J Med*. 2016;375(3):229-39.

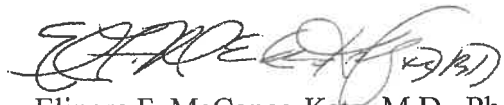
<sup>12</sup> The White House. *National HIV/AIDS Strategy for the United States: Updated to 2020*; 2015.

<sup>13</sup> Aletraris L, Roman PM. Provision of onsite HIV Services in Substance Use Disorder Treatment Programs: A Longitudinal Analysis. *J Subst Abuse Treat*. 2015;57:1-8. doi:10.1016/j.jsat.2015.04.005.

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Along every step of the continuum, we each have a chance to reduce disease and improve health.  
Thank you for the work you do to save lives and improve the health of the American people.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. McCance-Katz', with a date '(12/13)' written in the lower right corner of the signature.

Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary for Mental Health  
and Substance Use