



Expanding Health Care to Address Substance Abuse and HIV/AIDS

Illicit drug use exacerbates, complicates, and increases the risk for HIV/AIDS. The Affordable Care Act ensures that healthcare benefits include coverage for HIV/AIDS and substance use disorders. Addressing these issues together is a common-sense approach that improves individual and public health and dramatically reduces healthcare costs.

Overview

It has been 30 years since the first cases of human immunodeficiency virus (HIV) were reported. By the end of 2008, more than 595,500 Americans with acquired immune deficiency syndrome (AIDS) had died¹ and more than a million others were living with the disease.² While HIV transmission rates have fallen substantially, and though patients with HIV are living longer and more productive lives, approximately 50,000 Americans become infected with the virus each year.³

Sharing needles and other drug paraphernalia increases the risk of HIV infection and remains a driving force in the HIV epidemic. According to a recent study, about 12 percent of new HIV infections each year occur among injection-drug users.⁴ Any illicit drug use, regardless of the route of administration, affects judgment, and poor judgment can lead to risky sexual behaviors, further contributing to the spread of infectious disease.

The Federal Response

The *National Drug Control Strategy (Strategy)* is the Administration's blueprint for reducing drug use and its consequences. HIV prevention is an essential *Strategy* objective, and the rate of HIV infection attributable to drug use is a key indicator for determining the *Strategy's* effect on improving public health. Reducing drug-related HIV infection requires comprehensive, recovery-oriented approaches that include evidence-based practices such as needle and syringe programs; opioid substitution therapy; voluntary HIV counseling and testing; anti-retroviral therapy; sexually transmitted infection prevention and treatment; condom programming for injection drug users (IDUs) and partners; targeted information, education and communication for IDUs and their sexual partners; hepatitis diagnosis, treatment (hepatitis A, B and C), and vaccination (hepatitis A and B); tuberculosis prevention, diagnosis, and treatment,⁵ and advanced medical care, including highly active anti-retroviral therapy (HAART).⁶

The *National HIV/AIDS Strategy for the United States*, published by the White House Office of National AIDS Policy, provides a blueprint for the future direction of HIV/AIDS policy in the United States. Its overarching goals are to (1) increase access to care and improve health outcomes for people living with HIV; (2) reduce HIV-related disparities and health inequities; and (3) achieve a more coordinated national response to the HIV epidemic.⁷ Developed with input from the Office of National Drug Control Policy, the *National HIV/AIDS Strategy* recognizes the significant role drug use plays in HIV transmission and mortality. The report stresses the need for community-based outreach – including syringe service

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programs, HIV testing, and referral to specialty addiction treatment – in areas populated by injection drug users and their partners.

The Affordable Care Act

In 2010, President Obama signed the Affordable Care Act (ACA) into law. The ACA is particularly important for people living with HIV/AIDS because attaining and retaining private health insurance has historically been a significant challenge for them. Under the new law, the tremendous barriers to finding qualified providers to care for their special needs are eliminated. Insurers cannot deny coverage or charge higher fees for anyone with a preexisting condition, including HIV/AIDS.

In 2010, an estimated 23.1 million Americans aged 12 or older needed treatment for substance use. However, only 2.6 million received treatment at a specialty facility, leaving a gap of 20.5 million whose treatment needs were left unmet.⁸ The ACA considers coverage for substance use disorders an essential health benefit. Consequently, starting in 2014, all health insurance sold on Health Insurance Exchanges or provided by Medicaid to newly eligible adults must include services for substance use disorders. This change is particularly significant for individuals with HIV/AIDS who also have a substance use disorder, as the law requires that treatment be provided to eligible individuals with co-existing conditions. With these benefits included in health insurance packages, more providers can offer and be reimbursed for services, and more individuals with substance use disorders – including those with or at risk for HIV/AIDS – will have greater access to treatment. Thus, the ACA is helping to promote implementation of the Administration's *National Drug Control Strategy* and *National HIV/AIDS Strategy*.

Conclusion and Resources

Healthcare coverage, treatment options, and access to care are vital concerns for individuals with co-existing conditions such as substance use disorders and HIV/AIDS. The ACA, in concert with the *National Drug Control Strategy* and the *National HIV/AIDS Strategy*, will ensure stronger consumer protection, more coverage options, and lower healthcare costs.

Key resources:

- *National Drug Control Strategy*
<http://www.whitehouse.gov/ondcp/national-drug-control-strategy>
- *National HIV/AIDS Strategy for the United States*
<http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas.pdf>
- The Affordable Care Act (full text)
<http://docs.house.gov/energycommerce/ppacacon.pdf>

Notes

¹ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2009*; vol. 21. Published February 2011. Accessed 2-8-2012. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>

² Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report, 2011*; vol. 60. Published June 2011. Accessed 2-16-2012. Available at <http://www.cdc.gov/mmwr/>

³ Prejean J, Song R, Hernandez A, Ziebell R, Green T, et al. (2011) Estimated HIV Incidence in the United States, 2006-2009. *PLoS ONE* 6(8): e17502. doi:10.1371/journal.pone.0017502.

⁴ Volkow ND, Montaner J. The Urgency of Providing Comprehensive and Integrated Treatment for Substance Abusers with HIV. *Health Aff* (Millwood). 2011 Aug;30(8):1411-9.

⁵ Donoghoe MC, Verster A, Pervilhac C, Williams P. Setting targets for universal access to HIV prevention, treatment and care for injecting drug users (IDUs): Towards consensus and improved guidance. *International Journal of Drug Policy*. 2008; 19S S5-S14.

⁶ Volkow ND, Montaner J. Enhanced HIV testing, treatment, and support for HIV-infected substance users. *JAMA*. 2010 Apr 14;303(14):1423-4.

⁷ *National HIV/AIDS Strategy for the United States*, White House Office of National AIDS Policy. Available at <http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas.pdf>

⁸ Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD, 2011.

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