

Researchers Identify Similarities Between HIV-AIDS and Opioid Addiction Epidemics

PROVIDENCE – There are important parallels between the early years of the HIV/AIDS epidemic and the current epidemic of opioid addiction – ones that could trigger a significant shift in opioid addiction prevention, diagnosis and treatment.

These are the findings of a comparative review of HIV/AIDS and addiction by researchers



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“Deaths documented by the Centers for Disease Control and Prevention have been on the rise, and that profile bears a striking resemblance to the beginning stages of the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic,” said Dr. Rich. “There are lessons learned from the HIV/AIDS epidemic that should be heeded and should drive a parallel response to today’s crisis: addiction.”

In the paper, “From Documenting Death to Comprehensive Care: Applying Lessons from the HIV/AIDS Epidemic to Addiction,” researchers detail how the HIV/AIDS epidemic spurred a novel public health approach centered on human rights. That

included biomedical breakthroughs and life-saving treatment, and community advocacy and activism played key roles. Fast forward 30 years and the global response to HIV/AIDS has attracted an unprecedented commitment of resources and international aid, and there are predictions for its end. Researchers assert that a parallel response

is needed in response to the epidemic of addiction.

Similar to HIV/AIDS, many addiction victims are young, previously healthy and already stigmatized. Effective care is compromised by a public perception that only certain groups become addicts. The death toll of the two epidemics is comparable, but the response to opioid addiction is not yet as effective: every 19 minutes another American dies from an unintentional overdose.

Affecting 40 million Americans, or 15.9 percent of the population, addiction to drugs, alcohol and tobacco has a greater public impact than heart conditions, diabetes or cancer. Opioid-use disorders are the fastest-growing type of drug problem. According to researchers, much of the current exposure to opioids is linked to the explosion of widely available, potent prescription painkillers that have an identical effect in the brain as heroin. Although many benefit from substantial pain relief and improved quality of life, prescription opioids now kill more people than heroin and cocaine combined. Researchers note that while prevalent, addiction has been marginalized as a social problem setting it apart from other diseases, with barriers to treatment ranging from stringent criteria for entry to limited availability of treatment.

Dr. Rich and others are spearheading

a RI “collaborative practice agreement” that allows anyone to walk into a Walgreens in RI and obtain naloxone (or Narcan) – a drug that quickly reverses an opioid overdose, along with training on how to use it.

Researchers described the need for a comprehensive prevention, diagnosis and treatment campaign to fight overdose, along with standard-of-care treatment models based on existing evidence. They propose more education for the medical community and that educational resources for addiction in medical training be on par with that of other chronic diseases. Also, as with HIV/AIDS, patients suffering from addiction should be involved in the design and implementation of programs and products designed to serve them.

Immediate steps that can address the catastrophic death toll from unintentional overdose include a balance of harm reduction and supply-side and demand-oriented interventions, such as:

Regularly prescribe, train in use of, and distribute naloxone.

Reformulate pain medications and decrease availability of painkillers through physical education, prescription drug-monitoring programs, and crackdowns on “pill mills.”

Increase access to evidence-based treatment, including medications like buprenorphine and methadone.

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