

## THE RISING EPIDEMIC OF DRUG-RELATED DEATHS AMONG OREGONIANS WITH HIV

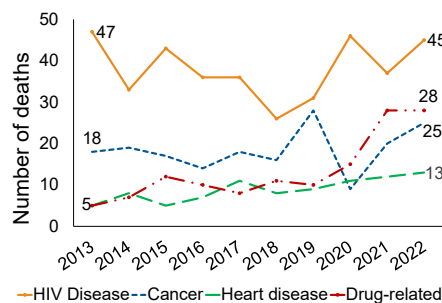
Nationally and in Oregon, drug-related deaths have skyrocketed over the past decade, disproportionately affecting people with HIV. In Oregon, the total mortality among HIV-positive people increased by 73% from 100 deaths in 2013 to 173 in 2022. Over the same period, the number of drug-related deaths in this population rose by 460%, surpassing the 214% rise in drug-related deaths among the general population. In addition to the impacts of the COVID-19 pandemic, the rise in drug-related deaths can also be explained by the rising synthetic-opioid deaths, particularly fentanyl.<sup>1</sup>

This *CD Summary* highlights trends in drug-related deaths among people with HIV in Oregon, identified via death certificates listing drugs such as methamphetamine, fentanyl, heroin, or other opioids. Methamphetamine falls under International Classification of Diseases (ICD) ICD-10 T43.6 (psychostimulants), and fentanyl under T40.4 (other synthetic narcotics). Overdoses are defined by ICD-10 codes X41–X44 (accidental), X61–X64 (intentional), or Y11–Y14 (undetermined). Opioid overdoses were specifically identified, while methamphetamine-related deaths often used ICD-10s F10–F19 (mental and behavioral disorders). In 2022, 38% of methamphetamine-related deaths were not coded as ‘overdoses.’ This broader definition includes ‘non-overdose’ methamphetamine-related deaths, encompassing all instances where drugs contributed to the fatality, regardless of whether they were documented as the underlying cause on the death certificate.

### DRUG-RELATED MORTALITY AND HIV

People with HIV (PWH) are more likely to experience chronic pain, stigma, opioid treatment, and mental health challenges, increasing their risk of opioid use disorders.<sup>2</sup> Elevated methamphetamine-related deaths in PWH can be attributed to comorbidities, prescription regimens, and nonprescription drug use.<sup>3</sup> Methamphetamine use also increases HIV acquisition risk, correlates with higher viral loads, and exacerbates HIV progression.<sup>4</sup> Among newly diagnosed HIV cases in Oregon (2018–2022), 27% reported a history of injection drug use. In 2022, drug use mortality was the second leading cause of death among Oregonians diagnosed with HIV, surpassing cancer and heart disease. It ranked right behind HIV disease and increased 86.7% between 2020 and 2021 (Figure 1).

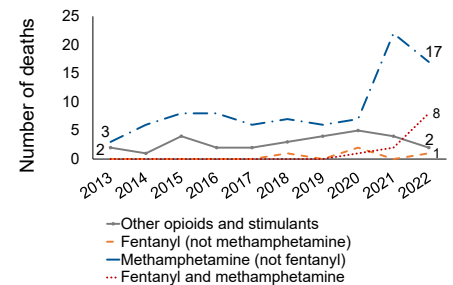
**Figure 1. Drug use-related mortality was the second leading cause of death among Oregonians diagnosed with HIV in 2022, surpassing cancer and heart disease.**



### DRUG-RELATED DEATHS HIGHER AMONG OREGONIANS WITH HIV

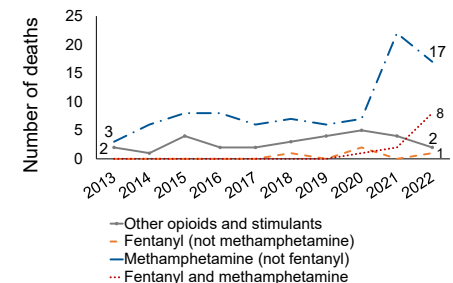
Methamphetamine-related deaths among PWH were stable at 5–10 annually until 2021, when

**Figure 2. Drug use-related deaths among people with HIV, Oregon, 2013–2022**



they rose to 24, representing 17.6% of all deaths among PWH. In 2022, the increase continued, driven by methamphetamine- and fentanyl-combined effects, with fentanyl contributing to 5.2% and methamphetamine to 14.5% of all deaths among PWH (Figures 2 and 5, Figure 5, *supra*). Among the general population, methamphetamine and fentanyl-related deaths have steadily risen over the past decade, while non-fentanyl opioid and non-methamphetamine stimulant deaths have decreased (Figure 3).

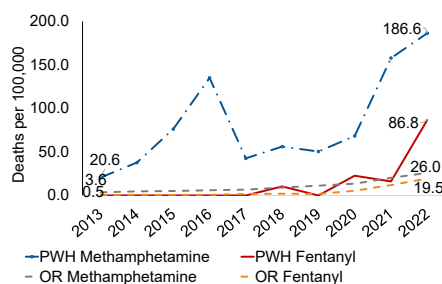
**Figure 3. Drug use-related deaths in Oregon, 2013–2022**



## ELEVATED METHAMPHETAMINE AND FENTANYL DEATHS AMONG PEOPLE WITH HIV (2013–2022)

In 2022, PWH were 7.2 and 4.5 times more likely to die from methamphetamine and fentanyl-related causes, respectively, compared to the general population in Oregon. Between 2020–2022, methamphetamine- and fentanyl-related deaths among PWH rose by 173% and 281%, while in the general population, they increased by 92% and 262% (Figure 4). During 2013–2022, most methamphetamine- and fentanyl-related deaths occurred among males and Non-Hispanic White people. Although estimates were not stable among PWH due to low counts, methamphetamine and fentanyl killed Black/African American people in disproportionate numbers. Females with HIV face a higher risk of drug-related death than males, and PWH residing in rural counties are at greater risk than their urban and frontier counterparts. People identifying as more than one race had a higher burden of fentanyl-related deaths relative to their share of the population.

**Figure 4. Comparison of age-adjusted methamphetamine and fentanyl-related deaths among people with HIV and the Oregon population.**



## METHAMPHETAMINE USE AMONG PEOPLE WITH HIV

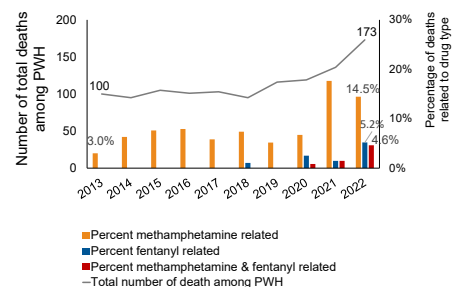
Data from the Medical Monitoring Project (2015–2021)<sup>5</sup> highlighted that 10% of PWH in Oregon reported using methamphetamine in the past 12 months preceding their interviews. Methamphetamine use among participants was associated with lower adherence to antiretroviral therapy (ART) (24% vs. 60%) compared to PWH who did not report using methamphetamine. Mental health issues were prevalent among

methamphetamine users, with higher reports of anxiety (45% vs. 22%) and depression (34% vs. 20%) compared to non-users. Methamphetamine use was correlated with increased experiences of poverty (51% vs. 32%) and homelessness (24% vs. 6%) compared to non-users. Participants who reported methamphetamine use were more likely to engage in condomless sex with an HIV-negative or unknown status partner (20% vs. 7%) compared to non-users.

## IMPLICATIONS

Addressing drug use challenges for people with HIV requires interventions aimed at improving adherence to antiretrovirals (ART), addressing mental health issues, mitigating socioeconomic disparities, and promoting HIV/STI prevention and harm reduction. Despite competing priorities and limited resources, healthcare providers who treat people living with HIV can and often do provide holistic, empathetic, nonjudgmental care, including screening for and referrals to address substance use disorders and mental health challenges. State and local public health departments are encouraged to support client-centered education, counseling, and referrals when a person is newly diagnosed with HIV and link them to care in a timely manner. Community-identified priorities include [creating more partnerships that support a syndemic focus](#) (e.g. housing, mental health, harm reduction and substance use disorder).

**Figure 5. Total number of deaths among people with HIV (PWH) and percentage of deaths by drug type in Oregon.**



## HARM REDUCTION STRATEGIES

Syringe Services Programs (SSPs) not only reduce HIV infections but also serve as effective components of comprehensive community-based prevention and intervention programs, such as vaccination, testing, linkage to

care and substance use treatment, and access to and disposal of syringes, injection equipment, and fentanyl test strips, as well as naloxone, a medication that quickly reverses opioid overdoses (but is not effective in reversing methamphetamine-related overdoses). The majority of SSPs often offer referrals to medication-assisted treatment, and new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.<sup>6</sup> Nasal naloxone is now available over-the-counter in Oregon pharmacies. Oregon Health Plan members receive naloxone at no cost, and most insurance companies cover it, though a co-pay may apply. The Oregon Health Authority advises bringing the [Oregon Statewide Standing Order to Dispense Naloxone HCl](#) when seeking naloxone at a pharmacy.

## INTERVENTIONS FOR PEOPLE USING METH

The opioid epidemic has evolved into a combined stimulant-opioid crisis, marked by a surge in stimulant and fentanyl-related overdose deaths. Interventions to address methamphetamine use and opioid use disorders are distinct. Approaches tailored to addressing the opioid crisis in Oregon will not meet all the needs of people at risk of morbidity and mortality associated with methamphetamine use, as methods such as methadone and naloxone are not effective. While widely available medications to mitigate methamphetamine use are lacking, interventions exist that improve survival rates for people who use the drug.

Currently there are no Food and Drug Administration (FDA)-approved pharmacological treatments for stimulant disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the treatment with the most evidence of effectiveness is contingency management (CM), a behavioral intervention in which material incentives are delivered contingent on biological confirmation of

drug abstinence.<sup>7,8</sup> Other stimulant treatment approaches that have garnered some support, especially if used in combination with CM, include cognitive behavioral therapy/relapse prevention, community reinforcement and motivational interviewing.<sup>9</sup>

## COMMUNITY PEER INTERVENTIONS FOR OPIOID AND STIMULANT USE

The [PRIME+ Program](#) in Oregon (Peer Recovery Initiated in Medical Establishments + Hepatitis C/HIV Testing and Linkage to Care) uses a harm reduction framework with certified peers to support people at risk of overdose, infection, or other drug use-related health issues in 24 counties. Peers help participants set and achieve self-defined goals. The [Peers Expanding Engagement in Stimulant Harm Reduction with Contingency Management](#) (PEER-CM) study, a collaborative research project, tests incentivizing personal harm reduction goals versus standard care incentives to improve harm reduction services and reduce stimulant overdoses. These interventions, through peer support and harm reduction tools, aim to reduce overdoses and infections, decrease hospitalizations, connect participants to services, and support self-defined recovery. These programs could be particularly beneficial for people with HIV.

### FOR MORE INFORMATION:

- [PREVENTION.INFO@odhsoha.oregon.gov](mailto:PREVENTION.INFO@odhsoha.oregon.gov)

### RESOURCES:

- [AIDS Education & Training Center \(AETC\)](#): Resources and curricula on several topics including but not limited to substance use disorders, patient-centered care, case management, prevention, and retention in care.
- Fentanyl Awareness Campaigns:
  - [Lane County's Fentanyl Aware](#)
  - [Multnomah County's Expect Fentanyl](#)
  - [Oregon Health Authority's Fentanyl Aware](#)
  - [Harm Reduction and Syringe Service Programs in Oregon](#)
  - [HIV data in Oregon](#)
  - [Oregon overdose response](#)
  - [Peer Support in Oregon](#)
  - [Stimulant Overdose, Centers for Disease Control and Prevention, May 8 2024](#)

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