



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

February 3, 2016

Secretary Sylvia Mathews Burwell
United States Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Secretary Burwell:

We are writing to you representing a range of scientific, professional, and patient organizations committed to the elimination of substance use disorders and addiction through education, advocacy, and the promotion of broad public and private support for the HIV/AIDS and substance use research agendas of the National Institutes of Health.

We are sending this letter in response to the FY 2016 Trans-NIH Plan for HIV-Related Research. Our concern is that the priorities overall and those specific to behavioral and social sciences in particular downplay the critical importance of reducing drug abuse to prevent the spread of HIV infection. In the list of “high priority topics of research” is a long list of HIV-associated comorbidities but conspicuously absent are any mention of co-morbid substance use or mental health disorders. We are especially concerned that this unfortunate change in emphasis is occurring in the midst of the current national opioid abuse epidemic which is moving from prescription drugs to widespread heroin use.

The January 1, 2016 CDC Morbidity and Mortality Report (MMWR) citing 2014 data (the most recent available) indicated that opioid overdose deaths were at an all-time high and represented a 14% increase over 2013. Certainly the widely publicized outbreak of HIV infection in Indiana is a painful example of the critical role that intravenous drug abuse can play in the spread of HIV infection. While sharing of contaminated needles among intravenous drug abusers is a direct mechanism by which drug abuse increases risk, by no means is it the only manner in which it does so. As you know, alcohol and drug abuse are often associated with risky sexual behavior related to the disinhibitory effects of many abused drugs, including alcohol, as well as the highly risky practice of trading sex for drugs. Drug abuse can also worsen disease progression directly by impairing immune function or indirectly by decreasing adherence to efficacious therapies.

We also worry that ignoring the relationship between drug abuse and the spread of HIV infection in the midst of the current opioid abuse epidemic could have the serious unintended consequence of increasing prevalence of HIV infection in previously low-prevalence regions (i.e., rural areas). If the incident in Indiana taught us anything, it is how rapidly HIV infection can spread in an environment that is unfamiliar with and unprepared for managing intravenous drug abuse and its many untoward adverse health consequences. It is worth noting that the response to this public

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health emergency was to implement syringe exchange, one of a number of drug related evidence based behavioral interventions with demonstrated effectiveness in preventing HIV infection.

The actions of our national leaders, in particular [President Obama's commitment of \\$1.5 billion](#) to address opioid abuse and addiction in the FY 2017 budget, underscore how essential it is that we marshal our nation's resource to combat this epidemic. We must address both substance use disorder generally and the current prescription opioid and heroin abuse epidemic in rural and other underserved areas in particular. Certainly the National Institutes of Health and its world-leading expertise in curtailing HIV infection will need to be part of this national effort if it is to be successful. We encourage you to include research on interventions to reduce alcohol and drug abuse among high priority initiatives in the Trans-NIH plan for eliminating HIV infection. Further we note that while the Office on AIDS Research (OAR) has issued many [guidelines](#) for the prevention and treatment of specific populations (i.e., adults and adolescents, pediatric, perinatal, pre-exposure and post-exposure prophylaxis, Care for HIV-Infected Residents Displaced from Disaster Areas), it has not issued any guidelines for the prevention and treatment of HIV in those with substance use disorders. The undersigned organizations strongly urge the OAR to establish a [Working Group](#) under the auspices of the OAR Advisory Council to develop guidelines for the prevention and treatment of HIV in this ever-growing high risk population.

If you have any questions or need additional information, please contact Dr. Geoff Mumford, Associate Executive Director for Science Government Relations at gmumford@apa.org or 202.336.6067.

Respectfully,

AIDS Action Baltimore
American Academy of Addiction Psychiatry
American Congress of Obstetricians and Gynecologists
American Psychological Association
American Society of Addiction Medicine
American Sociological Association
Association of Nurses in AIDS Care
College on Problems of Drug Dependence
Community Anti-Drug Coalition
Consortium of Social Science Associations
Council on Prevention and Education: Substances Inc.
Faces & Voices of Recovery
Federation of Associations in Behavioral and Brain Sciences
Friends of the National Institute on Alcohol Abuse and Alcoholism
Friends of the National Institute on Drug Abuse
Friends Research Institute, Inc.
Hepatitis Foundation International
Indiana Addictions Issues Coalition
NAADAC, Association for Addiction Professionals
National Association for Children of Alcoholics

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National Council on Alcoholism and Drug Dependence, Inc.
National Council for Behavioral Health
National Families in Action
Phoenix House
Research Society on Alcoholism
Society for Maternal-Fetal Medicine
Substance Abuse Librarians and Information Specialists
Young People in Recovery

CC:

Francis S. Collins, M.D., Ph.D., Director, National Institutes of Health

Robert W. Eisinger, Ph.D., Acting Associate Director for AIDS Research, National Institutes of Health

Douglas Brooks, MSW, Director, White House Office of National AIDS Policy

Senate Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

- ❖ Chairman Roy Blunt
- ❖ Ranking Member Patty Murray

House Committee on Appropriation, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

- ❖ Chairman Tom Cole
- ❖ Ranking Member Rosa DeLauro

Senate Committee on Health, Education, Labor and Pensions

- ❖ Chairman Lamar Alexander
- ❖ Ranking Member Patty Murray

House and Energy and Commerce Committee

- ❖ Chairman Fred Upton
- ❖ Ranking Member Frank Pallone

Congressional Addiction Treatment and Recovery Caucus

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- ❖ Co-Chair John Fleming
- ❖ Vice Co-Chair Paul Tonko

Congressional HIV/AIDS Caucus

- ❖ Co-Chair Barbara Lee
- ❖ Co-Chair Ileana Ros-Lehtinen
- ❖ Co-Chair Jim McDermott