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HIV/AIDS In Puerto Rican People Who Inject Drugs: Policy Considerations

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LETTERS

HIV/AIDS IN PUERTO RICAN PEOPLE WHO INJECT DRUGS: POLICY CONSIDERATIONS

We commend the important work of Deren et al.[1] that underscores the high rates of HIV among Puerto Rican people who inject drugs (PRPWID) and highlights the health, social, and service disparities between Puerto Rico and the Northeast US region. As articulated in their article, HIV/AIDS risk and substance use are not individual problems with individual consequences—the epidemic impacts community and culture, across borders and boundaries. In addition to service disparities, various socioeconomic contextual factors are associated with and may exacerbate the spread of HIV/AIDS in PRPWID, including limited educational and employment opportunities, poverty, and political disenfranchisement. Efforts to reduce the incidence of HIV/AIDS and associated health risks and complications, including other infections, drug overdose, and social stigma, necessitate structural policy intervention in addition to programmatic improvements. Moreover, policy implementation that attends to contextual factors such as incarceration and impediments to culturally appropriate services is needed. We identify two contexts that represent opportunities for improvements in policy implementation that may curb the HIV/AIDS epidemic among PRPWID.

First, the federal ban on funding for syringe exchange programming undermines the public health mission of limiting the spread of bloodborne pathogens. Although President Obama signed a law to lift this ban in 2009, Congress restored it in 2012. Reallocating federal funding to syringe exchange programming may be an effective way to reduce the spread of HIV/AIDS in PRPWID.

Second, the United States has the highest documented incarceration rate in the world, with more than 1.5 million people imprisoned on nonviolent drug charges in 2013.[2] The federal budget for drug prevention has decreased steadily since 2004, whereas funding for law enforcement and incarceration has increased.[3] Although White House Principles of Modern Drug Policy mandate that drug-involved individuals in the criminal justice system be supervised with respect for their basic human rights and provided with substance use treatment, access to these services is limited. The criminal justice system has the potential to play a vital role in breaking the cycle of drug use, crime, incarceration, and rearrest by providing more treatment in correctional facilities and alternatives to incarceration (e.g., drug courts). Resources allocated to drug prevention during reentry may be a viable solution to reducing drug relapse and containing the HIV/AIDS epidemic. Equitable availability and effective implementation of these federal policies, in both Puerto Rico and the US mainland, may contribute to reduce the disproportionate amount of PRPWID with HIV/AIDS and bring much needed services to this population. ■

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DEREN ET AL. RESPOND

We agree with the recommendations made by Lopez et al. to address contextual factors influencing the high rates of HIV among Puerto Rican people who inject drugs (PRPWID). We note that a recent publication from the Centers for Disease Control and Prevention (CDC), published after completion of our original article, described progress along the continuum of HIV care for Hispanics,[1] identifying the ongoing health disparities among people who inject drugs (PWID). The CDC report found that among those Hispanics who were HIV-infected, linkage to care and viral suppression were lower among those whose HIV infection was attributed to injection drug use than

among those with infection attributed to other risk factors. As shown in our previous article, Puerto Ricans are overrepresented among Hispanic PWID. This further supports the need for coordinated public health efforts to target this vulnerable population to reduce HIV infection (e.g., enhanced access to clean syringes and to drug abuse treatment) and to address disparities along the HIV care continuum.

It is important to note that many of the strategies that can reduce HIV-related health disparities among PRPWID (e.g., expanded drug abuse treatment and syringe exchange programs and engagement in available pharmaceutical treatments) are also needed to control the disproportionally high rates of hepatitis C found among PRPWID. HCV prevalence among PRPWID in Puerto Rico approaches 90%[2] and greatly contributes to the higher prevalence of HCV found among adults in Puerto Rico compared with the mainland United States.[3] Furthermore, studies in New York City found that HCV infection rates among PWID were higher among PRPWID compared with other PWID[4] and were particularly high among those who came from Puerto Rico (85%, compared with 58% for non-Hispanics and 62% for US-born Puerto Ricans; C. G. A., unpublished data, 2014). New HCV treatments that can result in cure[5] can further reduce health disparities experienced by PRPWID, and have been shown to be cost-effective.[6] The tools to reduce the HIV- and HCV-related health disparities for PRPWID are available, but efforts to harness these tools are needed to bring their promise to fulfillment. As recommended in our earlier article with respect to HIV, multiregion coordinated efforts can also be used to address the high rates of HCV among PRPWID. ■

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