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Editorial

Understanding the impact of the COVID-19 pandemic on substance use and HIV

The COVID-19 pandemic has devastated individual and public health in the United States and around the world. Science has moved quickly to develop effective approaches to testing and treatment, which today can identify people positive for COVID-19 rapidly, vaccinate against severe outcomes including hospitalization and death, and deliver life-saving treatments. As successes have been achieved with the COVID-19 pandemic, we must not forget the yet-to-be-resolved HIV epidemic that continues to be a global public health challenge. Worldwide an estimated 38.4 million people are living with HIV (Joint United Nations Programme on HIV/AIDS, 2022b), 1.2 million in the United States (Centers for Disease Control and Prevention, 2021). Despite effective antiretroviral therapies, 4000 new infections occur each day, and 650,000 people died in 2021 from AIDS and AIDS-related illnesses worldwide (Joint United Nations Programme on HIV/AIDS, 2022a).

Decades of research have demonstrated the intertwined impact of substance use and addiction on HIV transmission, testing, timely initiation on ART and retention in care, with some of this evidence coming from longitudinal cohorts supported by the National Institute on Drug Abuse (NIDA) (National Institute on Drug Abuse, 2019). These cohort studies examine trends in substance use, addiction, HIV, hepatitis C, other infectious diseases, access and utilization of substance use disorder (SUD) and HIV care, HIV risk behaviors, and other important issues. With a combined sample size of approximately 12,000 participants and more than 20,000 historical participants, the cohorts include diverse critical populations of ethnic, sexual, and gender minorities living with HIV or at high risk for HIV, including men who have sex with men (MSM), African American and Hispanic/Latino MSM, people who inject drugs, young MSM, people living with HIV (PLWH) and Hepatitis C virus coinfection, and transgender and gender nonconforming/non-binary youths. The cohorts work collaboratively to provide basic and clinical scientists with access to harmonized phenotypic and biological data via a data coordinating center—the Collaborating Consortium of Cohorts Producing NIDA Opportunities (C3PNO) (Gorbach et al., 2021). The consortium infrastructure has enabled the cohorts to nimbly respond to emerging needs for data on specific topics, including the overdose crisis and recently the COVID-19 pandemic.

Early in 2020, the need to learn more about how the COVID-19 pandemic was impacting substance use and people with SUDs emerged as a high priority. Data were rapidly needed to better understand if and how substance use patterns were changing; how HIV risk behaviors might be changing; whether access and utilization of SUD treatment and HIV prevention and treatment services were disrupted; and how people using substances, with SUDs, and/or HIV were impacted by COVID-19 including morbidity and mortality. The NIDA cohorts with the support of the C3PNO moved quickly to develop instruments and begin collecting data in these important areas. The result of these, and other important research efforts, are the focus of this special issue of Drug and Alcohol Dependence.

The papers in this special issue sit at the scientific intersection of HIV, COVID-19, substance use, and SUDs. They represent a rapid response to collect and combine new data with existing data to understand the impact of these twin pandemics, the epidemic of drug overdose deaths, substance use, and SUDs. This collection includes 11 manuscripts, nine using data from the NIDA cohorts, one using the NIH-supported MACS/WHIS combined cohort study, and one from the University of Alabama at Birmingham. Division of Infectious Disease examining the delivery of medications for Opioid Use Disorder and HIV during the COVID-19 pandemic (Eaton et al., 2022). Changes in substance use during the onset of the COVID-19 pandemic are examined in several manuscripts, including the increased risk of nonfatal overdose (Moullé et al., 2022); short-term binge drinking and marijuana use in PLWH (Meanley et al., 2022); stocking of unregulated drugs (King et al., 2022); changes in the drug supply; resilience and substance misuse (Baum et al., 2022); methamphetamine use on sexual risk and intimate partner violence (Xavier Hall et al., 2022); and alcohol and other drug use (Pytel et al., 2022). Other manuscripts explored the impact of COVID-19 mitigation strategies and pressure on the healthcare system regarding access to harm reduction services (Feder et al., 2022) and HIV engagement and continuation of antiretroviral therapy (Lesko et al., 2022); and one manuscript looked at access to COVID-19 testing among people using drugs and living with HIV (Gorbach et al., 2022). Together, this collection increases understanding of how the pandemic disrupted social networks and support substance use, overdose, and access and utilization of SUD, HIV, and COVID-19 interventions.

Unfortunately, we know the impact of the COVID-19 pandemic was not equal across all individuals in the United States, with people who use drugs, having an SUD, and/or living with HIV having higher risk for contracting COVID-19 and experiencing serious health outcomes (Winwood et al., 2021). The collection of manuscripts described above demonstrate the additional burden the COVID-19 pandemic placed on people who use drugs and are living with HIV. We are fortunate to have research infrastructures, such as consortiums and cohorts, able to respond to public health crises quickly through their essential contact with those most impacted by changing environments. This latest pandemic has taught us the value of infrastructures capable of moving science quickly to secure the health of vulnerable individuals and the public at large.

https://doi.org/10.1016/j.drugalcdep.2022.109688
Received 31 October 2022; Received in revised form 1 November 2022; Accepted 2 November 2022
Available online 5 November 2022
0376-8716/© 2022 Published by Elsevier B.V.
Author disclosures

Drs. Vasundhara Varthakavi and Redonna Chandler have no substantial involvement in the cited grants in the special issue on COVID-19 pandemic impact on substance use and HIV.

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