

Opioid addiction treatment drug helps suppress HIV in former prisoners

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When individuals with HIV are released from prison, they have difficulty obtaining care and are often unable to adhere to their HIV medications and maintain viral suppression. Relapse to opioid use often occurs quickly after release from prison or jail and interferes with HIV treatment adherence. Medications that are effective in reducing relapse to opioid use are rarely started prior to release.

According to a new study, an FDA-approved medication for opioid addiction—extended-release naltrexone—has now been shown to also help maintain or improve HIV viral suppression among HIV-positive [individuals](#) released from prison and jail who are on HIV [treatment](#) and have a history of opioid use disorder.

To determine whether extended-release naltrexone was associated with HIV viral suppression, lead author Sandra Ann Springer, M.D. and her research team conducted an NIH-funded, double-blind, placebo-controlled randomized trial in the state of Connecticut. Incarcerated individuals who had both HIV and opioid use disorder were given either the drug or a placebo during their transition back to their communities. After six months, the researchers found that a greater proportion of individuals treated with extended-release naltrexone either maintained or improved their viral suppression as compared to the [placebo group](#).

To the researchers' knowledge, this is the first study to show that opioid medication treatment can improve HIV suppression among released prisoners and jail detainees. The findings, published in the *Journal of*

Acquired Immune Deficiency Syndromes, should inform guidelines for treating prisoners with HIV and [opioid](#) addiction. The treatment is both safe and effective, the researcher said.

More information: Sandra A. Springer et al. Extended-Release Naltrexone Improves Viral Suppression Among Incarcerated Persons Living With HIV With Opioid Use Disorders Transitioning to the Community, *JAIDS Journal of Acquired Immune Deficiency Syndromes* (2018). [DOI: 10.1097/QAI.0000000000001634](https://doi.org/10.1097/QAI.0000000000001634)

Provided by Yale University

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