Maine City Fights HIV Outbreak With $550K From Opioid Settlement

But some members of the recovery community in Bangor, Maine, believe the city's opioid funds shouldn't go to a program focused on HIV.

August 15, 2025 By Trent Straube

This week, the city council of Bangor, Maine, voted to take $550,200 from an opioid settlement fund and use it to fight a local HIV outbreak, reports Bangor Daily News. In the past two years, 28 people have been diagnosed with HIV in Penobscot County, Maine, which includes Bangor.

As was reported in POZ earlier this year, many people in the Maine county HIV outbreak also tested positive for hepatitis C virus. Other common links in the cases include injection drug use and homelessness. Both HIV and hep C can be transmitted via injection drug use.

Bangor is expected to receive about $3.4 million by 2038 as part of an opioid settlement, according to the newspaper. The $550,200 allotted to HIV efforts will fund two new case managers to help those who test positive for HIV connect to care and related services.

City leaders have faced criticism for not using the opioid funds sooner, and now they're under scrutiny again—for not devoting the resources specifically to people affected by injection drug use, addition and recovery.

"If the goal is to remediate the opioid crisis, that's not the same as remediating HIV," Amy Clark, board chair for the advocacy group Maine Recovery Action Project, told the Bangor Daily News.

City council chair Cara Pelletier countered that because most people in the HIV cluster were also affected by substance abuse, it made sense to use the opioid funds to help them—especially now that it's increasingly clear that federal funding will not become available.

Slightly over 152,000 people live in Penobscot County, which is also home to the University of Maine.

People newly diagnosed with HIV are recommended to begin treatment as soon as possible. People with HIV who achieve and maintain viral suppression experience slower disease progression, enjoy better overall health and are less likely to develop opportunistic illnesses. What's more, people with an undetectable viral load don't transmit HIV to others through sex. This

is known as treatment as prevention or Undetectable Equals Untransmittable (U=U). For related information and advice, see "Newly Diagnosed? Start Here."

HIV is a virus that attacks the immune system. Over several years, the immune system becomes depleted, and the body isn't able to fight infections, leading to an AIDS diagnosis. Although there is no cure for HIV, many safe and effective treatments—often just one pill a day or a long-acting injection—are available.

Folks living with HIV are at higher risk for coinfection with viral hepatitis. Effective vaccines are available for hep A and B. What's more, hep C is curable in most cases (but not HIV and hep B).

Hepatitis, in contrast, refers to inflammation of the liver. When untreated, it can lead to scarring of the liver (cirrhosis), liver cancer, the need for a liver transplant and death. Hepatitis can be caused by several factors, including toxins, excess alcohol use, autoimmune diseases, fat in the liver and viruses, including the three most common ones: hepatitis A, B and C. According to "Hepatitis C Transmission and Risk," part of Hep magazine's Basics of Hepatitis, hep C is most easily spread through:

- Sharing needles and other equipment (paraphernalia) used to inject drugs;
- Blood transfusions and organ transplants before July 1992;
- Sexual contact with someone who has hep C;
- Having a mother who had hep C when you were born.

Nearly 1.2 million people in the United States are living with HIV, compared with the 2.3 million people with chronic hepatitis C and the 862,000 with hep B. These numbers will likely climb, spurred by the opioid crisis and injection drug use.

For more, see the Basics of HIV/AIDS in POZ.com, a sister publication of HepMag.com, RealHealthMag.com, CancerHealth.com and TuSaludMag.com.

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