



People Living With HIV Have High Rates of High-Risk Opioid Prescribing

An alarmingly high proportion of the HIV population is apparently at risk of prescription pill-driven opioid addiction.

June 1, 2018 By [Benjamin Ryan](#)

HIV-positive individuals use prescription opioids at a high rate, and data about prescribing patterns among them indicate that many likely stand a high chance of developing dependence to the drugs, [aidsmap](#) reports.

Publishing their findings in the *Journal of Acquired Immune Deficiency Syndromes*, researchers analyzed medical and prescribing records regarding 4,605 adults receiving care for HIV between 2006 and 2010 at four urban U.S. clinics.

About two thirds of the participants were men, 62 percent were Black and 31 percent had a history of injection drug use. The study cohort had a median age of 45 years.

During the study, 39 percent of the participants received at least one prescription for opioids and a median of two prescriptions per year. They most commonly received short-acting oxycodone.

Thirty percent of those who were prescribed an opioid had at least one qualification for being considered at high-risk for dependence on the drugs. A total of 7.9 percent received a high daily dosage of pills; 15.9 percent received early refills; 16.4 percent received overlapping prescriptions and 19.7 percent had multiple clinicians prescribing them opioids.

About half of the cumulative periods of high-risk use occurred within one year of receiving an opioid prescription. Consequently, the study authors noted that this first year is a crucial time for preventing dependence.

After adjusting the data to account for differences in the participants' study sites, the investigators found that opioid use that put individuals at high risk of dependence was 1.39-fold more likely to occur among individuals who contracted HIV through injection drug use, compared with contracting the virus through other means. High-risk opioid prescribing was also 1.94-fold more likely among those 35 to 45 years old and 1.84-fold more likely among those 44 to 55 years old, compared with other age groups; 1.61-fold more likely among white people compared with other ethnicities; and 1.32-fold more likely among those with chronic pain compared with those without

such a condition.

Factors associated with a lower likelihood of engaging in high-risk opioid prescribing patterns included having a fully suppressed viral load (a 9 percent reduced likelihood) and being on antiretroviral treatment (a 17 percent reduced likelihood).

To read the aidsmap article, [click here](#).

To read the study abstract, [click here](#).

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