Illicit Drug Use

Using illicit drugs makes it easier to get infected with HIV – and harder to live with the infection once it is there. Using alcohol or drugs makes it more likely a person will have sex – and less likely he or she will follow safe sex guidelines.

Sharing needles used for injected drugs has a very high risk of HIV infection. Swapping drugs for sex increases the risk of HIV as well.

A person who uses alcohol or illicit drugs may not realize they have HIV infection at first. Some of the signs and symptoms of HIV infection are like the signs of drug and alcohol abuse. A person who abuses drugs or alcohol should tell his or her doctor all the reasons he or she might be feeling bad. This is especially so, if that person thinks he or she might have HIV.

How Illicit Drug Use Affects HIV

There has not been enough research yet to know if drug use makes HIV turn into AIDS faster. It is clear that people who abuse drugs have a harder time taking care of themselves. They miss meals, do not get enough sleep and do not take HIV medicines on schedule. This can make the body and immune system weaker. As a result, it is easier to get other infections. A person may also have more side effects from antiretroviral therapy.

Worse yet, a person with HIV who uses drugs may raise their risks of drug resistance. (This happens when the HIV changes or mutates. The drugs a person with HIV is taking then do not work. Sometimes drug resistance makes it impossible to use whole groups of drugs. This narrows the options for treatment.)

Health Complications from Illicit Drug Use and HIV

Many complications can develop when a person with HIV also abuses drugs. These include:

- Bacterial pneumonia and tuberculosis. People who have HIV and use drugs are more likely to get these infections than people who only have HIV. Shared marijuana and crack cocaine fan the spread of tuberculosis.
- Anemia
- Hepatitis C virus, if injected drugs are used
- Disorders in how the body processes, stores and uses food. These include problems with hormones, fats in the blood (lipids) and starches and sugar. Drugs like cocaine shrink the blood vessels in the digestive track. This not only makes it harder to get good nutrition, it also makes it harder for the body to absorb anti-HIV drugs.
- Heart problems can develop with cocaine use
- Damage to the brain and nerves from cocaine and methamphetamine use
- Stomach and digestive disorders
- Wasting syndrome is worse in people with HIV/AIDS who abuse drugs
- Active methamphetamine users are much less likely to reach a viral load that cannot be detected than other people with HIV. Active meth users are only half as likely to achieve this as former or nonusers.
Interactions between Illicit Drugs and Anti-HIV Drugs

Sometimes drugs taken together have effects that neither has by itself. Interactions between anti-HIV drugs and recreational drugs may cause overdoses or underdoses of either type of drug. This may result in a fatal overdose of a recreational drug.

Most antiretroviral drugs are processed by the liver. (All protease inhibitors are.) This may mean that the levels of recreational drugs that can also be processed by the liver changes dramatically.

Because illicit drugs are illegal, there has been very little research on how they interact with antiretroviral therapy. What is known, is known mostly because of the chemical make-up of the drugs and how similar drugs interact.

Possible drug interactions include anti-HIV drugs and:

- Alcohol. Alcohol can raise levels of Ziagen® (abacavir) and Agenerase® (amprenavir) in the blood. Chronic alcohol use can lower how much of many anti-retrovirals get into the blood stream. Alcohol taken with Videx® (didanosine or ddI) can increase the risk of pancreatitis, which is an inflammation of the pancreas.
- Crystal meth, methamphetamine (also called crank, glass, tina and other names). This drug uses the same paths in the liver as protease inhibitors. Serious interactions are highly likely. Using Norvir® (ritonavir) and methamphetamine at the same time increases the amount of amphetamine in the body two to three times.
- Ecstasy/MDMA. Ecstasy uses the same paths in the liver as protease inhibitors. People who take both drugs may end up with very high levels of Ecstasy in the body. There is one proven case of a death due to an interaction between Ecstasy and ritonavir. When people taking Crixivan® (indinavir) also take Ecstasy, they will have a higher risk of getting kidney stones. This is because they tend to not get enough water.
- Xyrem® (GHB), known as the date rape drug). Normally GHB is released from the body by the lungs during breathing. Protease inhibitors may increase levels of GHB in the body. It is not known what happens when it’s mixed with non-nucleoside reverse transcriptase inhibitors such as Rescriptor® (delavirdine), Sustiva® (efavirenz) and Viramune® (nevirapine).
- Ketamine (also known as K or Special K). This drug is mostly processed by the liver. Norvir® (ritonavir), Viramune® (nevirapine) and Sustiva® (efavirenz) may cause a build up of ketamine in the body.
- Marijuana. There are no known interactions between marijuana and anti-HIV drugs. In theory, an interaction would be greater if the marijuana were eaten instead of smoked.

Little is known about the following interactions:

- Cocaine and antiretrovirals. What is known is mostly in theory. Mixing cocaine with anti-HIV drugs does not appear to increase levels of cocaine.
- LSD and antiretrovirals. How LSD is processed in the body is not understood. Interactions with anti-HIV drugs may be possible.

For more information:
Contact your Registered Nurse Care Manager, or call Positive Healthcare’s nurse advice line at (800) 832-0778.

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