"HIV and Illicit Drug Users"
Part I

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Charles R Drew University of Medicine and Science, College of Medicine
Associate Professor, Internal Medicine
UCLA-Oasis Path/PrEP, HIV Specialist/Clinical Researcher



Howard University
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Goulda A. Downer, PhD, RD, LN, CNS – Principal Investigator/Project Director

CME Disclosures:
Planning Committee and Speaker

AETC-Capitol Region Telehealth Project
Planning Committee : The following committee members have nothing to disclose in relation to this activity:

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Speaker: The following speaker has nothing to disclose in relation to this activity: I. Jean Davis, PhD, PA, AAHIVS

Howard University CME Accreditation Requirements for Internet Viewers

Intended Audience: Low volume clinicians (i.e. those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and other Clinical Personnel.

Webinar Requirements: A computer, phone, etc. with Internet accessibility and a telephone line.

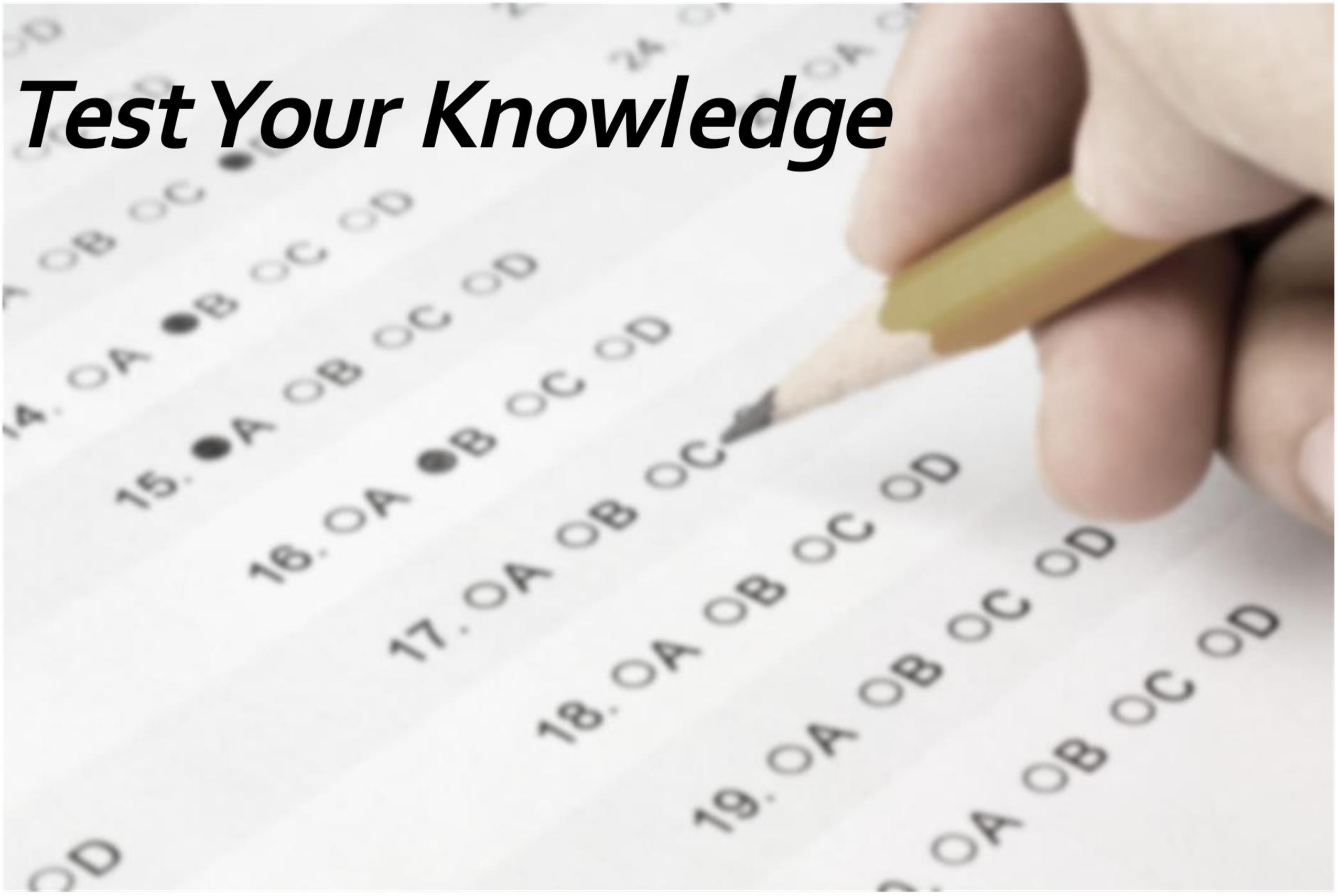
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Test Your Knowledge



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Objectives

At the end of Part I of this webinar the participating providers will have an enhanced ability to:

- Describe the intersection of mental illness, illicit drug use and HIV Prevention.
- Discuss the impact that illicit drug use has on the continuum of HIV Prevention and Care.
- Discuss the utilization of the "harm reduction" model.

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Case Study 1

Mr. Justin is a 34 year old single Black male who self identifies as MSM. He has been HIV positive for 6 years. He is adherent to his HIV medication regiment, office and laboratory visits. He has a history of methamphetamine use - both injection and smoking. He has been treated for multiple subcutaneous abscess due to methamphetamine injection. He also admits to the use of "party packs" at least one a month for enhanced "weekend fun". He presents to your office today with his mother. He is disoriented, but explains to you that he awaken in the back seat of his car this morning, without his pants, anal bleeding and wearing a "cock ring".

Case Study 2

Ms. Garcia is a 24 year old single Latina who self identifies as TG Female. She has been HIV positive for 3 years. She states she was discarded by family and friends 4 years ago because of her TG transition. She is admits to only intermittent adherence to her ARV medication regiment, secondary to heroin use. She works 3 days a week at a local fast food restaurant. She states she is also a sex worker. She admits to physical abuse occurring during her work. She presents to the office with the chief complaints of anal warts, poor adherence and substance abuse.

The Intersection of HIV, Mental Health and Illicit Drug Use

An Overview of A Patient's Present/Past Medical and Psychosocial Assessment:

- HIV often leads to illicit drug use.
- HIV often leads to poor mental health.
- Illicit drug use often leads to poor mental health.
- Poor mental health often leads to HIV.
- Poor mental health often leads to illicit drug use.
- Illicit drug use often leads to HIV.

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HIV and Illicit Drug

- Despite advances in the prevention and treatment of HIV, there continues to be unexplained variability in the course of this disease.
- Unexplained variability maybe associated with linked to psychosocial factors.
- Psychosocial factors, such as illicit drug use can affect clinical and immunological progression of HIV/AIDS.
- Often illicit drug use is initiated as an attempt to improve symptoms associated with poor mental health, ranging from stressful event to clinical psychological disorders.

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Prevention

- Behavioral
- Biomedical
- Primary
- Secondary
- Tertiary

Prevention: Fear of HIV Diagnosis and Psychosocial Concerns

1. Accepting the possibility of a shortened life span.

2. Coping with the reactions of others to a stigmatizing illness.

3. Developing and adopting strategies for maintaining physical and emotional health.

4. Initiating changes in behavior to prevent HIV transmission to others.

In your practice, what would be your initial primary area of focus for patients newly diagnosed with HIV?

1. Accepting the possibility of a shortened life span.

2. Coping with the reactions of others to a stigmatizing illness.

3. Developing and adopting strategies for maintaining physical and emotional health.

4. Initiating changes in behavior to prevent HIV transmission to others.

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Individuals who are HIV Positive

Individuals who are HIV positive often experience psychosocial and mental health challenges which may lead to illicit drug use:

- Social isolation
- Depression
- New traumatic life events
- Medication side effects
- Co-morbid illnesses

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In your practice, what area is most often discussed?

1. Social Isolation
2. Depression
3. Traumatic Life Event(s)
4. Medication Side Effects
5. Co-Morbid Illness

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Patients who are HIV positive experience significantly more stress than the general population

- Some stress-related psychiatric disorders are commonly undetected and untreated in HIV health care settings.
  - PTSD: 30-50% prevalence; more than ½ untreated
  - Acute stress disorder: maybe 30% prevalence
  - Depression
- Depressive symptoms are frequently prevalent among people living with HIV/AIDS.
  - More so in women than men who are infected

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Women who are HIV positive are more prone to emotional distress than men who are HIV positive

Factors associated with emotional distress and mental health problems in women:

- Younger age, more social conflict, less social support, lower perception of health, and more HIV worry were associated with higher depressive symptom scores.

- Factors most often affecting various mood states included public housing, unemployment, social conflict, and worry about having HIV.

Patients who are HIV positive experience significantly more stress than the general population

- In a national probability sample of men and women who are HIV positive in the USA, the 1-year prevalence of major depression was 36% and that of generalized anxiety disorder was 16% (5 and 8 times more, respectively, than the general population).

- A large cross-cultural case control study found that rates of depressive disorders and depressive symptoms were higher in symptomatic men and women who are HIV positive than those non-symptomatic and non-infected in Bangkok, Kinshasa, Nairobi and Sao Paulo.

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Patients who are HIV positive experience significantly more stress than the general population

In one study of 210 patients who are HIV positive in two county-based HIV primary care clinics in CA:

- 38% had depression
- 34% had PTSD
- 43% had Acute Stress Disorder
- 38% had 2 or more disorders
- 20% had all met criteria for all 3 diagnoses
- Women had more ASD than men
- African Americans and white non-Latino patients were more likely to have ASD than Latinos or other patients
- 43% of those with at least 1 diagnosis were not receiving concurrent mental health care treatment

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Clinical Case Study A

Ms Rogers is a 28 year-old Black female

- **Recently released after being incarcerated for possession of cocaine**
- **No income or insurance**
- **Has a history of mental health treatment**
- **Tested HIV positive 8 yrs ago while in a methadone program**
- **Has had intermittent medical care**
- **She presents to your office and states she is staying with "a friend"**
- **Was on antiretroviral therapy while incarcerated**
- **The purpose for her office visit is the lack of housing**

Review

- It is important to understand the relationship among HIV, illicit drug use and mental health and HIV
  - to reduce the number of persons affected by the epidemic (by addressing Illicit drug use and mental health),
  - to reduce illicit drug use and improve the mental health and quality of life of those who are HIV infected
  - to understand how illicit drug use and metal health issues impact HIV clinical outcomes, e.g., adherence, drug interactions
  - to understand the behavioral mechanisms associated with HIV disease progression and how they may mediate the impact of psychosocial factors on disease progression

Clinical Case Study B

Mr. Rogers is a 39 yr. old Black male patient with AIDS and a history of methamphetamine and heroin abuse presents with depressed mood, complaints of memory change, and an inability to concentrate.

When given a mental status examination, he shows significant psychomotor retardation, a symptom commonly associated not only with HIV-associated cognitive dysfunction, but also with major depressive disorder and with methamphetamine and heroin withdrawal.

Review (continued)

- Interventions for mental illness and illicit drug use will lead to improved healthcare outcomes for patients with HIV/AIDS
  - Patients with HIV/AIDS and depression who received antidepressants were more adherent to antiretroviral treatment than those who did not
  - Patients with HIV/AIDS and depression who received antidepressants reduced self-medication with illicit drugs
  - Patients with HIV/AIDS and illicit drug use who received harm reduction were more adherent to antiretroviral treatment than those who continued with their level of illicit drug use/abuse

Let's Talk Prevention: Case Studies Discussion

Case Study 1

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Questions?

Resources

- www.aetcnmc.org
- www.capitolregiontelehealth.org

- Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services
- http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6105a1.htm
- World Health Organization. Management of substance abuse: the ASSIST project—Alcohol, Smoking, and Substance Involvement Screening Test. Available at http://www.who.int/substance_abuse/activities/assist/en/index.html. Accessed September 18, 2012.
- US Preventive Services Task Force. Screening for illicit drug use. Available at http://www.uspreventiveservicestaskforce.org/uspstf/uspsdrug.htm. Accessed September 18, 2012.
- Substance Abuse and Mental Health Services Administration. Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare. Available at http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf . Accessed September 18, 2012.
- Altice FL, Kamarulzaman A, Soriano VV, Schechter M, Friedland GH. Treatment of medical, psychiatric, and substance-use comorbidities in people infected with HIV who use drugs. Lancet 2010;376(9738):367–87.
- International AIDS Society, AIDS Research Program. Prevention and treatment of HIV/AIDS among drug using populations: a global perspective. Available at http://nidahivaids.seiservices.com/globalEng.pdf . Accessed September 18, 2012.
- National Institute on Drug Abuse. Principles of drug addiction treatment: a research-based guide. Available at http://www.drugabuse.gov/sites/default/files/podat_0.pdf . Accessed September 18, 2012.

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At the end of the Webinar, please email Ms. Marjorie Douglas-Johnson at mdouglas@howard.edu and she will send you the CME Evaluation Survey to fill in.

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