National American Indian & Alaska Native ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Essential Substance Abuse Skills Webinar Series

Client, Family, and Community Education

Matt Ignacio (Tohono O'odham), PhC, MSSW

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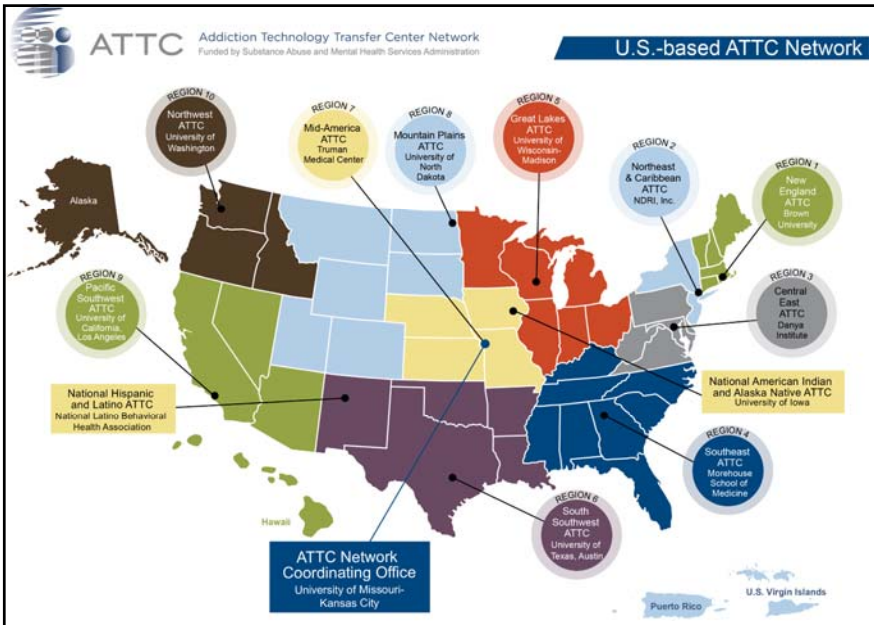

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This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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Webinar follow-up

CEUs are available upon request for $15 per session.

- This session has been approved for 1.0 CEU's by:
  - NAADAC: The National American Indian & Alaska Native ATTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.0 CEU.
- To obtain CEUs for this session, submit a CEU Request Form and payment to the Prairielands ATTC. A request form is available for download in the "Files" pod in the webinar screen. If you choose to download a file, a new tab will be opened in your browser, and you will have to click on the webinar window to return to view the webinar.
- Participants are responsible for submitting state specific requests under the guidelines of their individual state.

Presentation handouts:

- A handout of this slideshow presentation is also available by download.

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Webinar follow-up

Evaluation: SAMHSA's GPRA

This webinar is provided by the National American Indian & Alaska Native MHTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

You will find a link to the GPRA survey in the chat box. If you are not able to complete the GPRA directly following the webinar, we will send an email to you with the survey link. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

We appreciate your response and look forward to hearing from you.

Substance Abuse and Mental Health Services Administration SAMHSA

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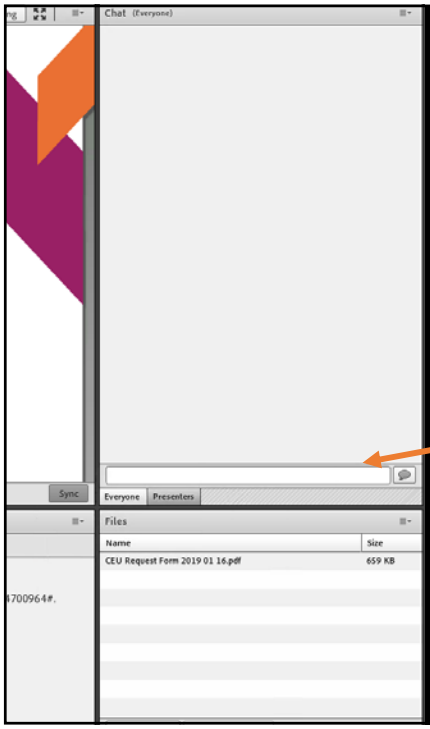

Adobe Connect Overview

Participant overview:

- To alternate between full screen mode, please click on the full screen button on the top right of the presentation pod. (It looks like 4 arrows pointing out)
- To ask questions or share comments, please type them into the chat pod and hit "Enter."

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Today's Speaker

Matt Ignacio (Tohono O'odham), PhC, MSSW

Matt is currently a doctoral candidate at the University of Washington's School of Social Work. Prior to his work with the National American Indian and Alaska Native ATTC, Matt worked for the National Native American AIDS Prevention Center (NNAAPC) as Project Manager overseeing four federally funded training, education and capacity-building assistance programs. In this role, he also served as a national trainer, working with tribal communities, tribal health departments, state health departments, federally qualified health centers and community based organizations.

Additionally, Matt also served as lead author for a 2013 Centers for Disease Control and Prevention funded publication titled: Action, Compassion and Healing: Working with Injection Drug Users in Native Communities. The publication aimed to address the public health needs of Native American/Alaska Native and Native Hawaiian injection drug users in rural/reservation and urban communities. Prior to NNAAPC, Matt worked in the Michael Palm Center for AIDS Care and Support at Gay Men's Health Crisis (GMHC). GMHC is the world's first and largest AIDS service organization located in New York City. He is currently a Doctoral Student in the School of Social Work at the University of Washington.

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Client, Family, and Community Education

Essential Substance Abuse Skills

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Goals and Objectives

1. Explain the basics of HIV prevention
2. Describe common STIs
3. Explain the core components of communicable disease prevention
4. Explain factors impacting risk
5. Explain at least 2 strategies that substance use providers can use to prevent HIV, STIs, and viral Hepititis

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Core Competencies

- Competency 106
  - Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases
- Competency 105
  - Describe principles and philosophy of prevention, treatment and recovery

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HIV Statistics

- The number of people living with HIV infection in the United States (HIV prevalence) is higher than ever before
  - About 1.2 million people in the United States were living with HIV at the end of 2012. (CDC, 2013)
    - Of those people, about 12.8% do not know they are infected. (CDC, 2013)
    - Almost 50,000 new diagnoses each year
  - Consistent increases may be due to a higher proportion of people
    - Living with HIV infection knowing their status
    - Surviving longer with antiretroviral treatment
    - Becoming infected with HIV than the number of people who die each year with HIV or AIDS

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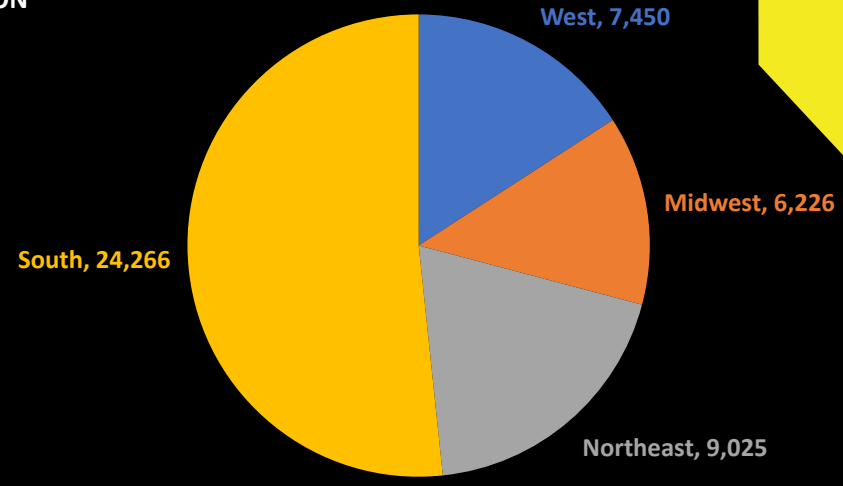
HIV Statistics

HIV DIAGNOSIS BY REGION



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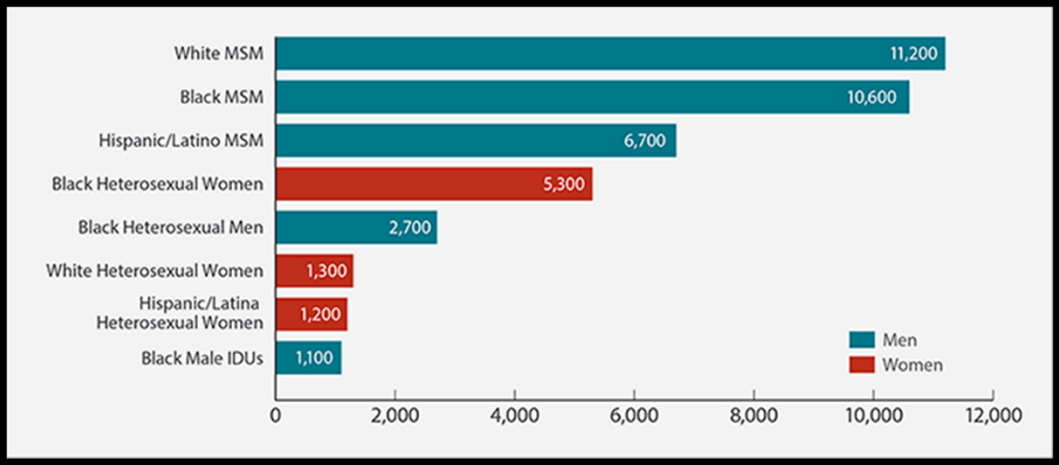
HIV Statistics



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Routes of Transmission

- Most Common
  - Sex without a barrier (condom)
  - Sharing previously used needles/works
- Almost Eliminated (in the US)
  - Occupational exposure
  - Contaminated blood products
    - Transfusion
  - Parent-to-Child
    - Prenatal
    - Breastfeeding

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Sequence of Events in HIV Infection

- Acute Infection (days to weeks)
  - Viral transmission
  - Marked by flu-like symptoms
    - Sore throat, Rash, Night sweats, Fever, Fatigue
  - Massive viremia
- Asymptomatic Infection (2-12+ years)
  - Persistent massive daily production of HIV
  - Gradual depletion of CD4 T-cell population
- AIDS diagnosis
  - CD4 T-cell count drops below 200
  - Opportunistic infections

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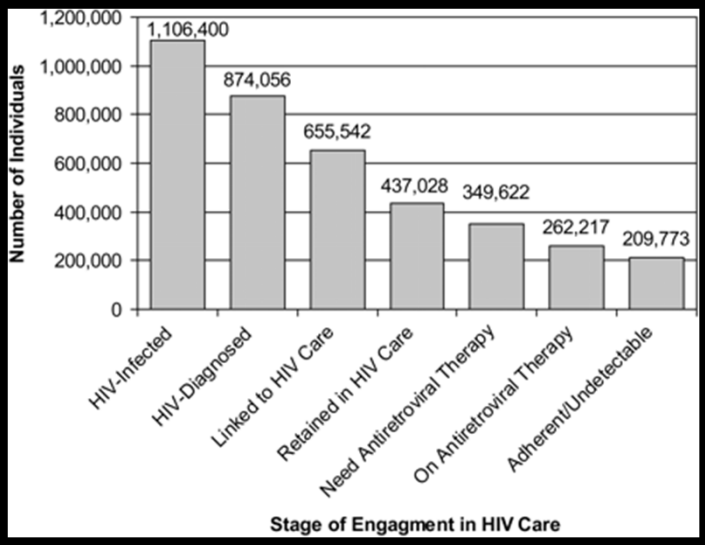
Treatment Cascade



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Treatment as Prevention

- Research has shown added values of ART
  - Reduced viral load significantly decreases the likelihood of transmitting the virus
  - A person not living with the virus can take HIV medicines to protect themselves from infection

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Linkage to Care

- Structured programs to move people from diagnosis into stable care
  - Working through barriers, fears, and misconceptions
  - Working through administrative barriers
  - Navigating environmental barriers
- Also means evaluating available care options
  - Working through insurance and affordability options
- LTC programs are not required for all people, but should be required for all programs

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Sexually Transmitted Infections

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Sexually Transmitted Infections

- Bacterial
- Gonorrhea
- Chlamydia
- Syphilis

Curable (antibiotics)

- Parasitic
- Pubic lice (crabs)
- Scabies

Curable (antiparasitics)

- Viral
- Human Papilloma Virus (HPV)
- HIV
- Herpes Simplex Virus (HSV)
- Hepatitis A,B,C

Treatable, but not necessarily curable – but preventable (anti-virals)

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Hepatitis C

- Newly infected are either asymptomatic or have a mild clinical illness.
  - HCV RNA can be detected in blood within 1–3 weeks after exposure.
  - The average time from exposure to antibody to HCV seroconversion is 8–9 weeks
- Chronic HCV infection develops in 70%–85% of HCV-infected persons
  - 60%–70% of chronically infected persons develop evidence of active liver disease.
  - Most infected persons remain unaware of their infection because they are not clinically ill.

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New HCV Regimens

Year	Brand	Generic	Genotype and SVR
2013	Sovaldi / RBV	Sofosbuvir / RBV	Genotype 2 (Up to 100%) Genotype 3 (Up to 91%)
2014	Sovaldi / Olysio / RBV	Sofosbuvir / Simeprevir / RBV	Genotype 1 (Up to 92%)
2014	Harvoni	Sofosbuvir / Ledipasvir	Genotype 1 (Up to 100%)
2014	VIEKIRA PAK	Ombitasvir, Paritaprevir/Ritonavir, Dasabuvir with/without Ribavirin	Genotype 1 (Up to 100%)
2015	Daklinza	Daclatasvir for use with Sofosbuvir	Genotype 3 (Up to 98%)
2015	Technivie	Ombitasvir, Paritaprevir and Ritonavir plus Ribavirin	Genotype 4 (Up to 100%)

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Hepatitis C (HCV) Co-Infection

- Routine testing for HCV for any HIV+ person
- Early diagnosis, evaluation, and treatment of HCV should be considered for HIV+ patients because
  - HCV: increases hepatotoxicity on ART
    - May increase HIV progression, morbidity & mortality
  - HIV: increases hepatitis C viremia
    - Can hinder diagnosis of HCV
    - Increases HCV progression, morbidity & mortality

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Hepatitis Prevention Opportunities in Existing Programs

- All programs: Clients need education, risk screening, and counseling
  - Hepatitis A – vaccination
  - Hepatitis B – vaccination
  - Hepatitis C – screening, counseling, referral; behavior change interventions

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Prevention comes first

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Levels of Intervention

- Intervention refers to…
- The mechanisms and strategies used to operationalize (or achieve) a level of prevention
  - SO WHAT WOULD YOU DO TO PROMOTE THE IDEA OF USING CONDOMS?
- Interventions are the opportunity to directly connect with individuals, communities, or systems that are creating or perpetuating risk in order to eliminate, reduce or mediate risk
- Interventions always try to CHANGE something!!

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What is most effective in

Structural level intervention	Community level intervention	Group level intervention	Individual level intervention
• Policies and systems	• Community level norms	• Individual behaviors (through group settings)	• Individual behaviors

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So which one do you choose?

- Examine your community and risk populations
  - What is appropriate for them and the issue
  - Look to the science – what is effective?
  - What is affordable?
    - A cost benefit analysis can help you to determine what may be best

- For example,
  - Individual level interventions are expensive, but are effective
  - Group level interventions reach more, but are marginally effective
  - Community level interventions reach more people and take longer to affect change, but produce opportunities for lasting change
  - Structural level interventions produce lasting change and can address root causes/social determinants, but are complex and often not supported with federal dollars

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One does not necessarily lead to the other

High Risk Incident ≠ Exposure

Exposure ≠ Transmission

Transmission ≠ Infection

Infection ≠ Spread

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Substance use treatment providers can conduct HIV/HCV/STI prevention

Through individual and community practice

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Why Substance Use Service Providers?

- Have experience with behavior change professionally
- Engaged with high risk clients daily
- Instills sense of accomplishment, self-improvement and value of health seeking
- Reduces number of IDU occurrences and HIV risk behaviors under the influence

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Why Substance Use Service Providers?

- People living with HIV require HIV treatment and disease monitoring
  - But may be hesitant to access medical care systems
  - Require consistent medical monitoring
  - May not have insurance or know how to access care
- Service providers can be the bridge to HIV care

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Prevention as a Core Function

- Prevention seeks to interrupt the spread and perseverance of a condition
- Substance abuse and STI/HIV can all be prevented!
- Prevention is a core function of public health and behavioral health practitioners

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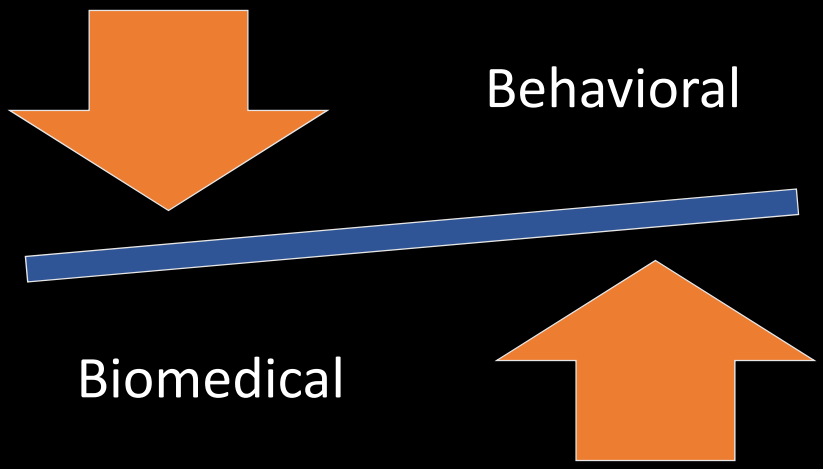
Current Prevention Foci



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Behavioral

- Involves examining the individual and communal psychosocial components of behavior and implementing strategies to alter them
- Delivered through interventions
  - Individual
  - Group
  - Community

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Biomedical

- Involves the use of medical science to intervene in the biological and pathological operations of the virus or bacteria
  - Treatment
  - PrEP
  - PEP
  - Microbiocides
  - Circumcision

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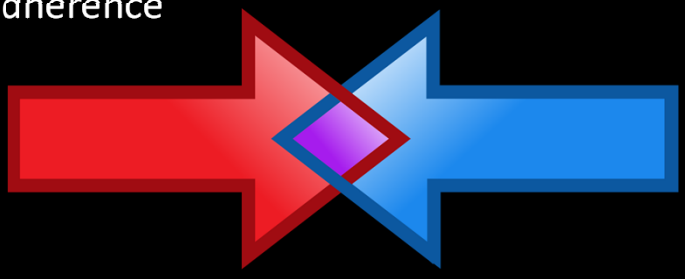
Combination of Both Behavioral and Biomedical

- Expedited partner therapy (EPT)
- Testing
- PrEP
- Medication adherence



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Family Roles

- As a primary vehicle for socialization, families can
  - Short Term
    - Create a social support network
    - Foster access to healthcare
    - Model positive communication and behaviors
    - Avoid hypocrisy
    - Provide opportunities for dialogue
  - Long Term
    - Value open communication about personal issues
    - Value norms around diversity
    - De-vilify sex
    - Combat gender norms

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Community Roles

- Communities have a responsibility to
  - Establish resources and access to resources for HIV and substance use
  - Create social policies that emphasize health, wellness, equal access, and disallows discrimination
- Communities have opportunities to
  - Shape norms around sex, drug use, risk reduction, harm reduction, and gender
  - Encourage sexual and substance use education in schools
  - Create policies around Syringe Service Programs and Safer Injection Facilities

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Systems Roles

- Systems are the mechanisms though which formal services are delivered
  - Understand community needs
  - Align services to community needs and community culture
  - Work to alter potentially harmful community norms
  - Insure access to services
  - Design and provide services through a health equity lens
  - Provide the list of preventative services
  - Modify systems to accept a variety of insurance carriers

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Community Viral Load

- Look at the community as if it were an individual person
  - Just like a person has a viral load, a community can have the same
    - Looking at the sheer prevalence of HIV
  - Look at the community's viral load
  - What can be done to lower a community's overall viral load?
    - Prevention
    - Treatment

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What can a substance use provider do?

- Clinical/Individual
  - Include indicators for HIV, STI, and HCV risk in all assessments
  - Include actionable items on HIV, STI, and/or HCV in all treatment/service plans
  - Include families and partners in counseling sessions to discuss risk and provide education
  - Key in to what environmental and social factors contribute to not just drug use risk but also sexual health risk
  - Become involved with Ryan White case management care teams

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What can a substance use provider do?

- Clinical/Individual
  - Conduct HIV, STI, and Viral Hepatitis screening and vaccinations
  - Provide referrals and assist with medical linkage to care for those living with HIV or HCV
  - Discuss medication adherence as part of clinical practice
  - Provide basic HIV and STI education to your clients

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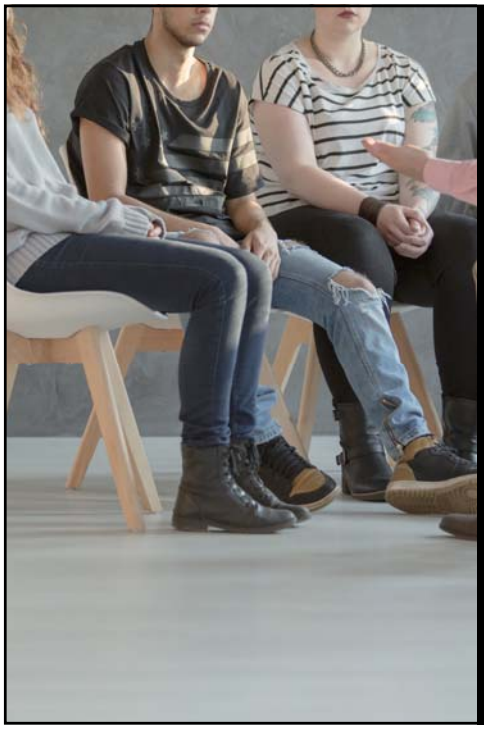

What can a substance use provider do?

- Environmental
  - Create an environment where it is okay to discuss sexual behaviors and identities
  - Serve as a conduit for information for individuals and families
  - Make condoms available
  - Programming that makes syringes more accessible to high-risk users

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Integration

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Solution Focused!

- Prevention services when working with active drug users utilizes a positive-service delivery model:

- Strengths-based approach: collaborate with client and write down strengths as a way to empower (inherent resources)
- Addresses overlapping, intersecting and co-occurring disorders, diagnoses
- Conveys authentic interest (mindfulness)
- Acknowledges and provide support for positive steps already made
  - Ex. scheduling an intake appointment, scheduling a test, client identified needs!
- Advocates (front-line prospective, emerging trends)
- Supports environmental change

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Questions or Comments?

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Thank you!

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