



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

IOWA

SAMHSA
Substance Abuse and Mental Health
Services Administration

Essential Substance Abuse Skills

HIV, STI, and SUDs

July 5, 2023

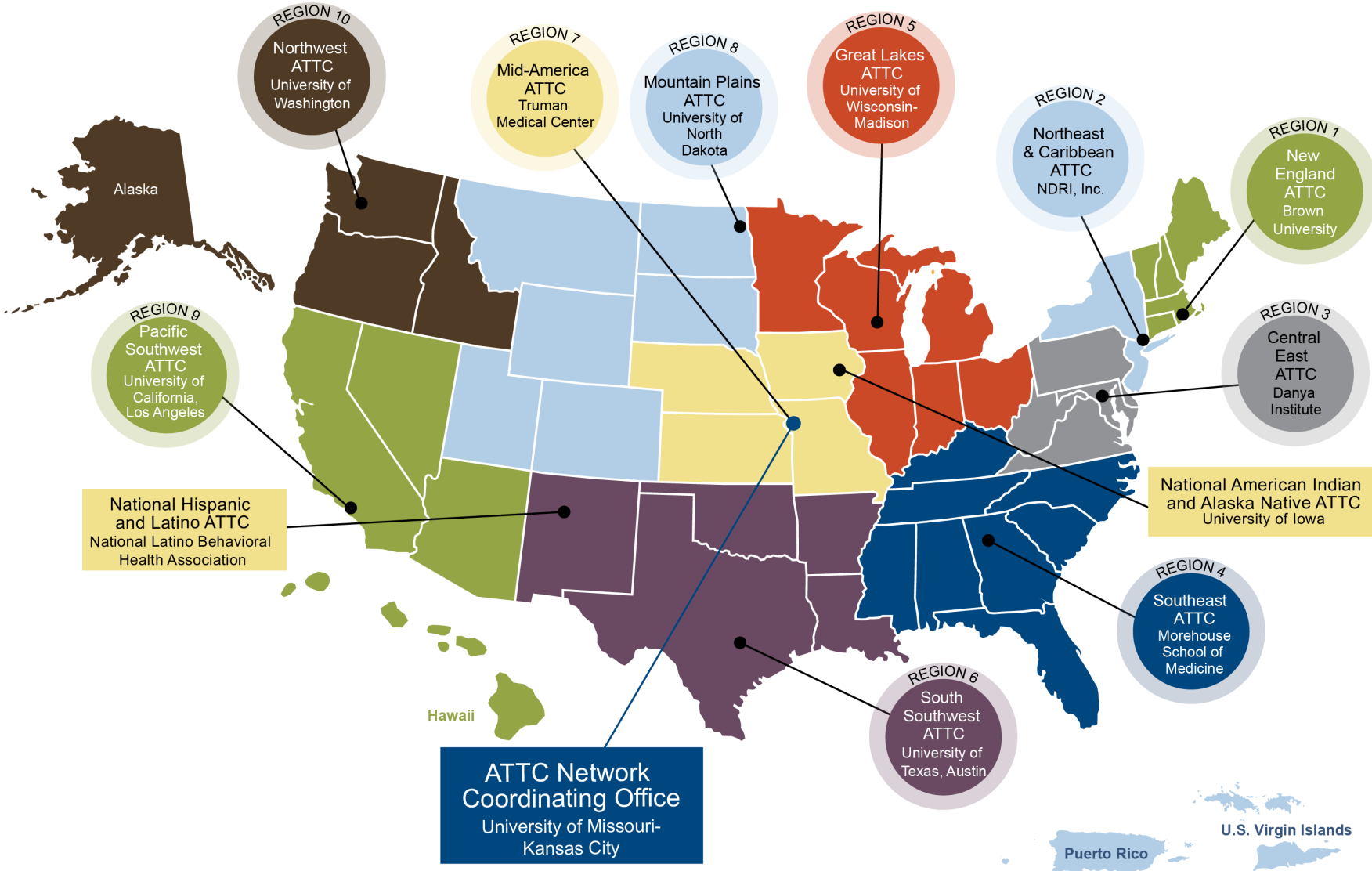


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U.S.-based ATTC Network

**American Indian
& Alaska Native
Addiction
Technology
Transfer Center**



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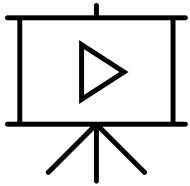
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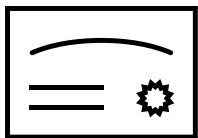


Follow-up

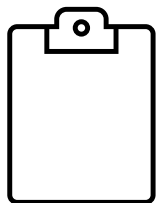
Following today's event, you will receive a follow up email, which will include:



Links to the presentation slides and recording, if applicable



Information about how to request and receive CEUs



Link to our evaluation survey (GPRA)



Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited. Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.

We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.





Today's Speaker

Dr. Matt Ignacio (Tohono O'odham) is an Assistant Professor at ASU School of Social Work on the Tucson campus. For over two decades, Dr. Ignacio has worked nationally to address issues of health and justice related to health, mental health, and substance use primarily among American Indian, Alaska Native, and Native Hawaiian people and communities. He received a PhD in Social Welfare from the University of Washington School of Social Work in Seattle, a Master of Science in Social Work from Columbia University School of Social Work in New York City, and a Bachelor of Arts in Sociology from the University of California in Santa Barbara.



HIV, STI, and SUDs

Essential Substance Abuse Skills

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 Hepatitis





Core Competencies

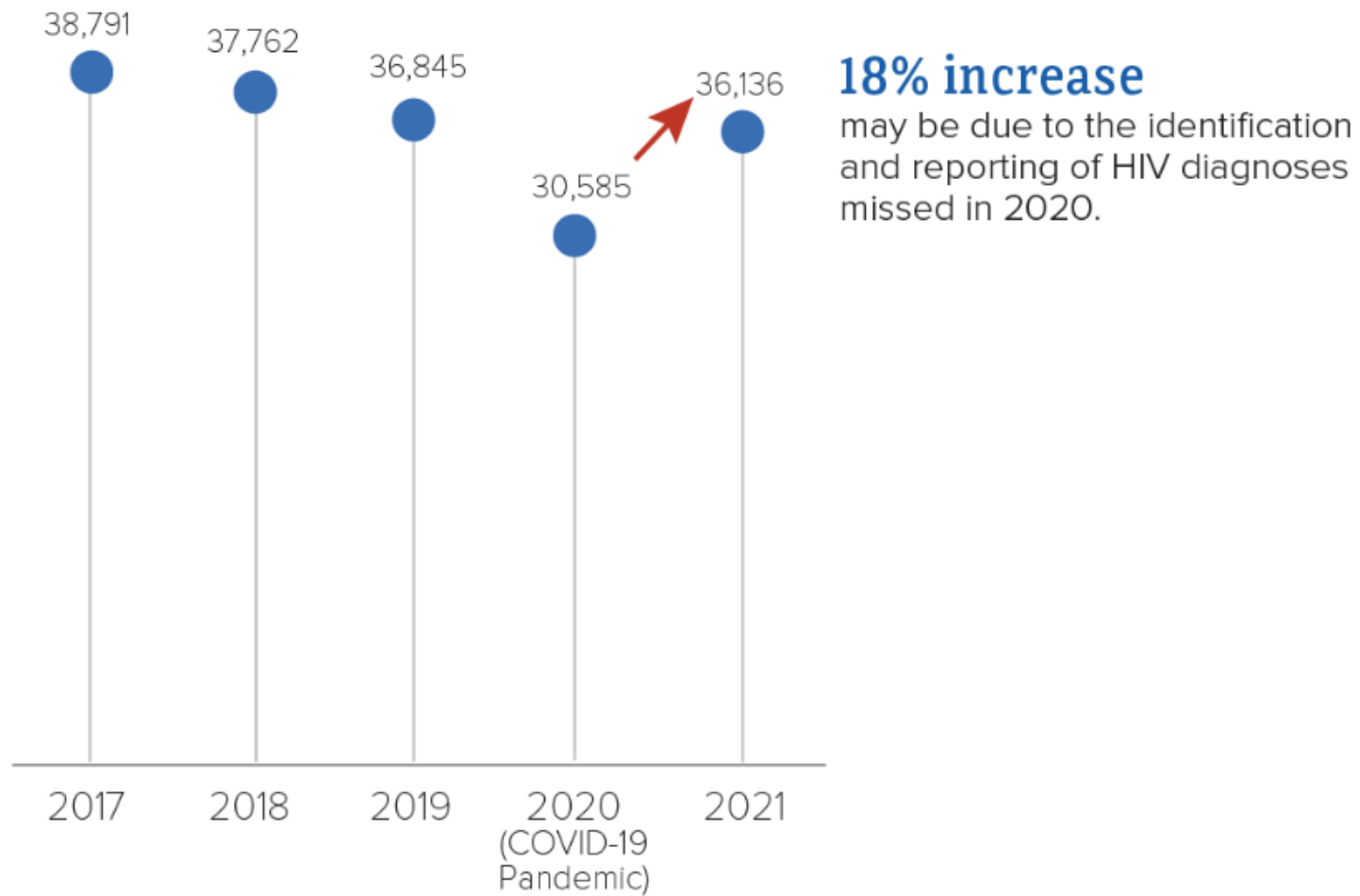
- Competency 106
 - Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases
- Competency 105
 - Describe principles and philosophy of prevention,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



HIV/AIDS



HIV Diagnoses in the United States and Dependent Areas Over Time*

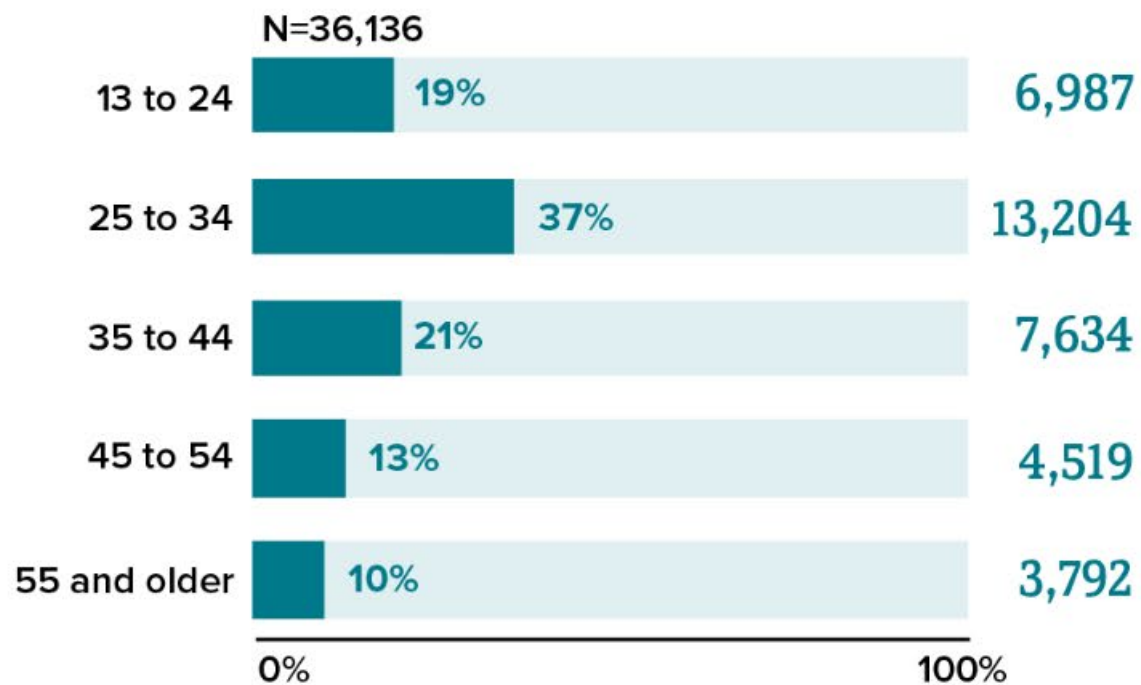


Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

* Among people aged 13 and older.

Differences in New HIV Diagnoses by Age

People aged 13 to 34 accounted for more than half (56%) of new HIV diagnoses in 2021.

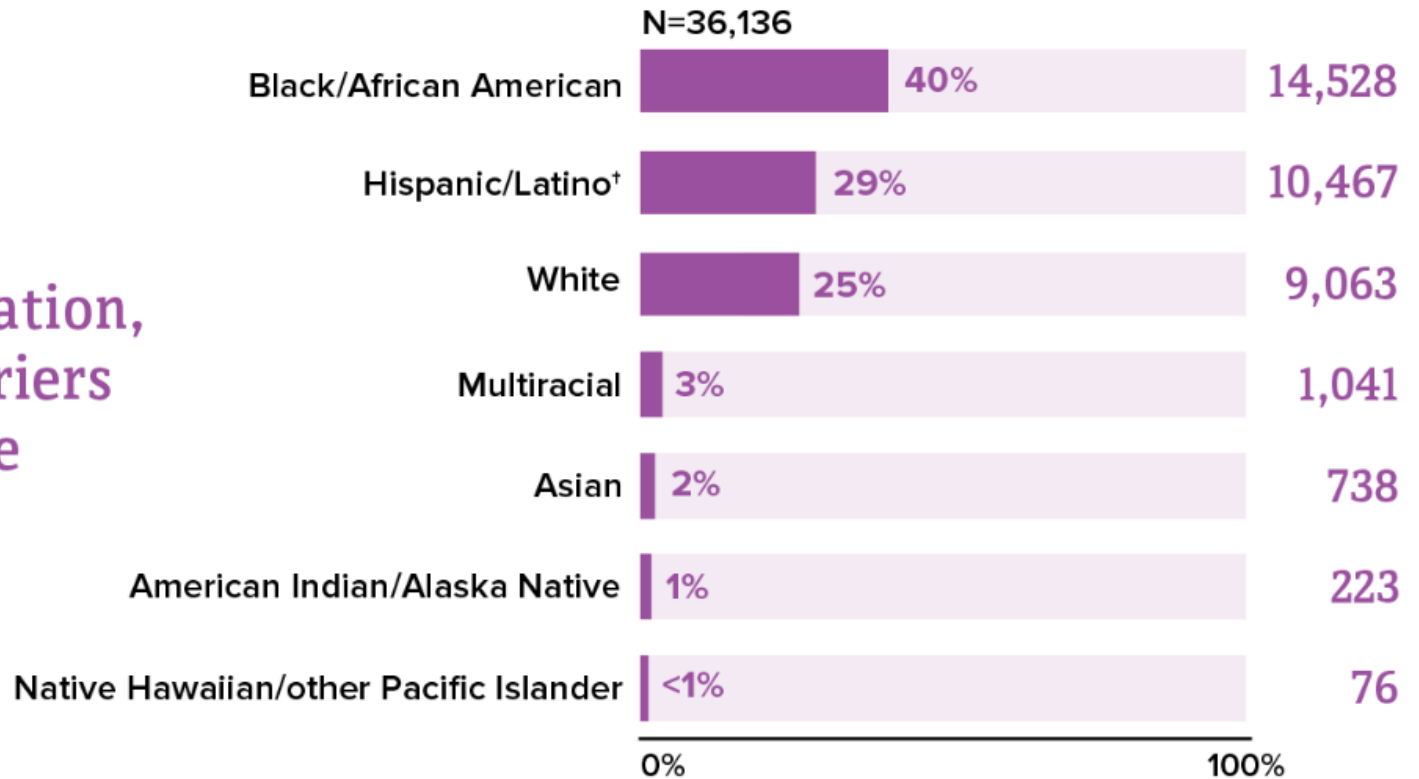


Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report* 2023;34.



Differences in New HIV Diagnoses by Race/Ethnicity*

Racial and ethnic differences in new HIV diagnoses persist. Racism, HIV stigma, discrimination, homophobia, poverty, and barriers to health care continue to drive these disparities.



* Among people aged 13 and older.

† Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report* 2023;34.



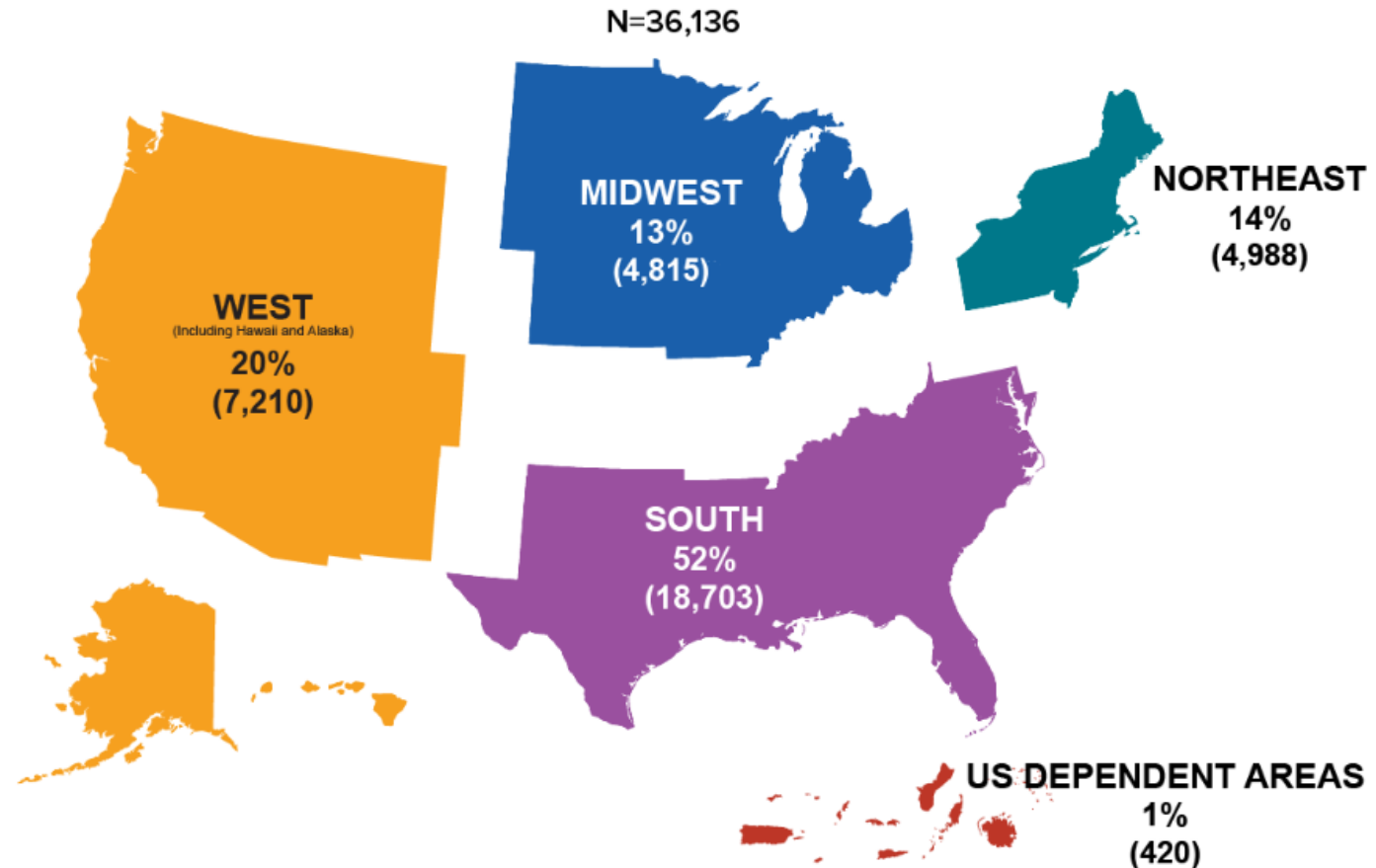
HIV Statistics: AI/AN

Though the overall numbers are small, in 2018, the rate (per 100,000 population) of HIV diagnoses in the United States among adult and adolescent American Indian/Alaska Native males was greater (16.2) than the rate for White males (9.6). The rate per 100,000 population among American Indian/Alaska Native females was greater (3.0) than for White females (1.7).



Differences in New HIV Diagnoses by Region*

The South accounted for more than half (52%) of new HIV diagnoses in 2021.



* Among people aged 13 and older.

Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report* 2023;34.





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

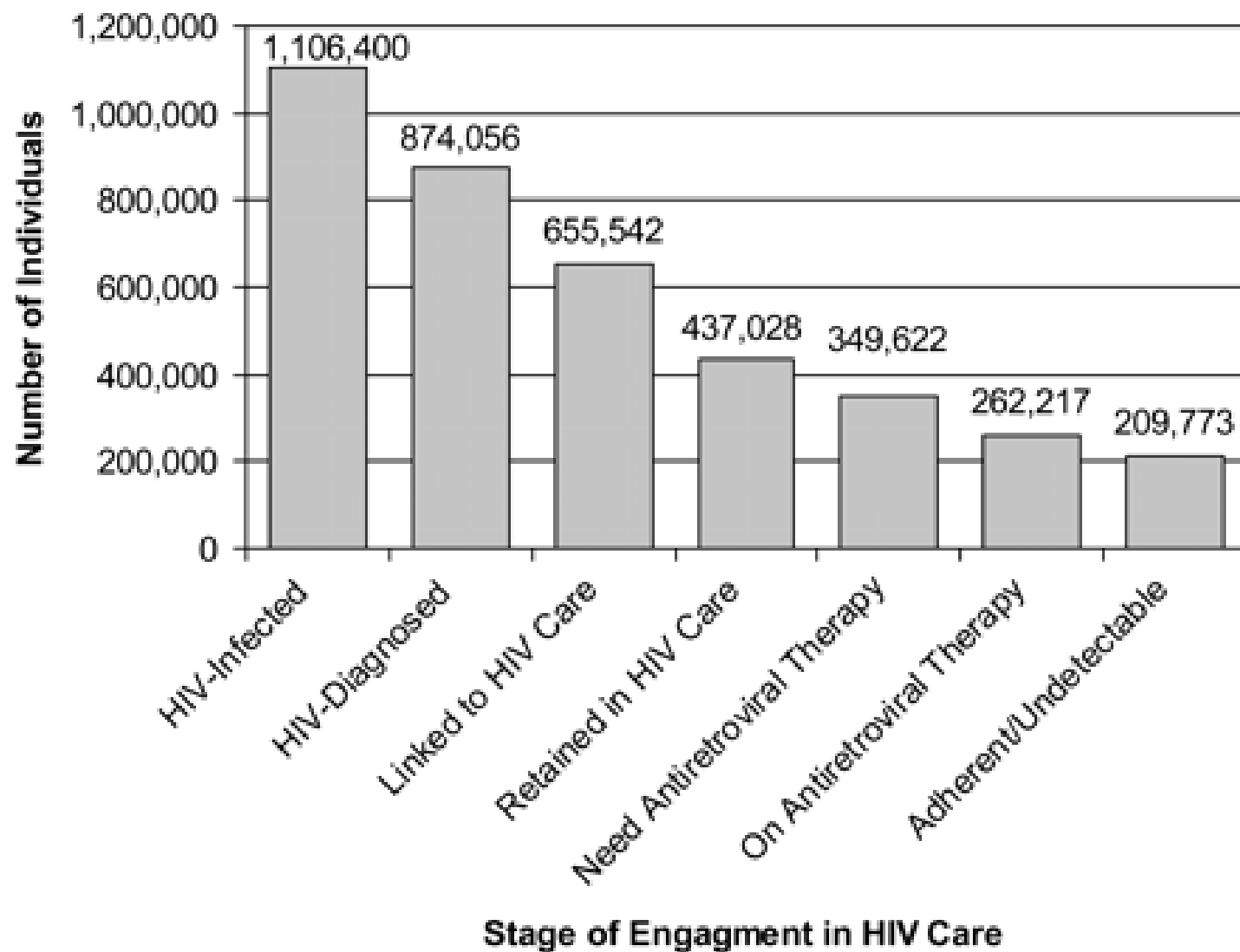


Sequence of Events in HIV Infection

- 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



Treatment Cascade





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



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



Sexually Transmitted Infections



Sexually Transmitted Infections

Bacterial

- Gonorrhea
- Chlamydia
- Syphilis

Parasitic

- Pubic lice (crabs)
- Scabies

Viral

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

Curable
(antibiotics)

Curable
(antiparasitics)

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



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





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



Prevention comes first

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!!



What is most effective in

Structural level intervention

- Policies and systems

Community level intervention

- Community level norms

Group level intervention

- Individual behaviors (through group settings)

Individual level intervention

- Individual behaviors



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





One does not necessarily
lead to the other

High Risk Incident \neq Exposure

Exposure \neq Transmission

Transmission \neq Infection

Infection \neq Spread





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

Through individual and community practice



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



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



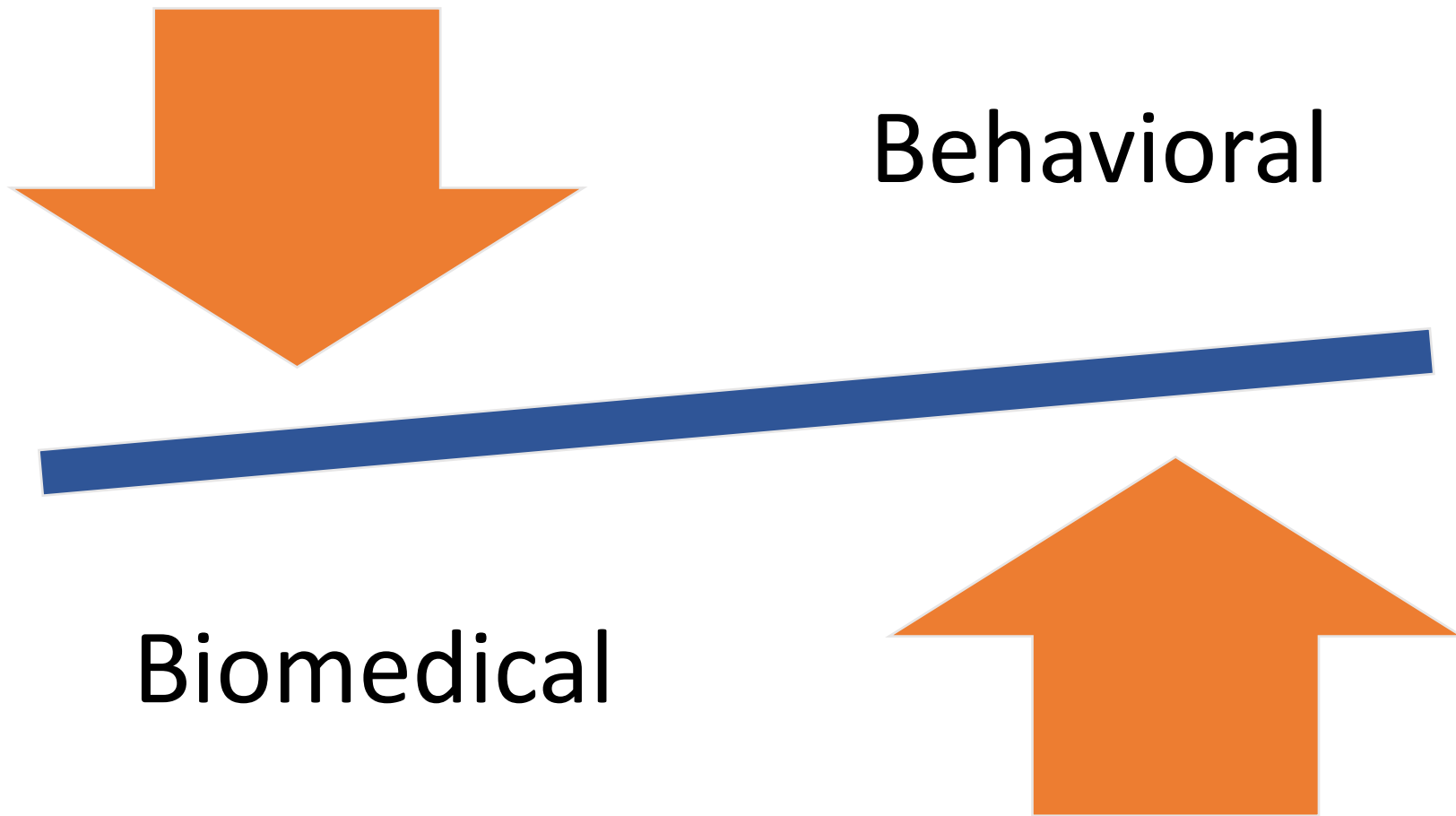


Prevention as a Core Function

- 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



Current Prevention Foci



Behavioral

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



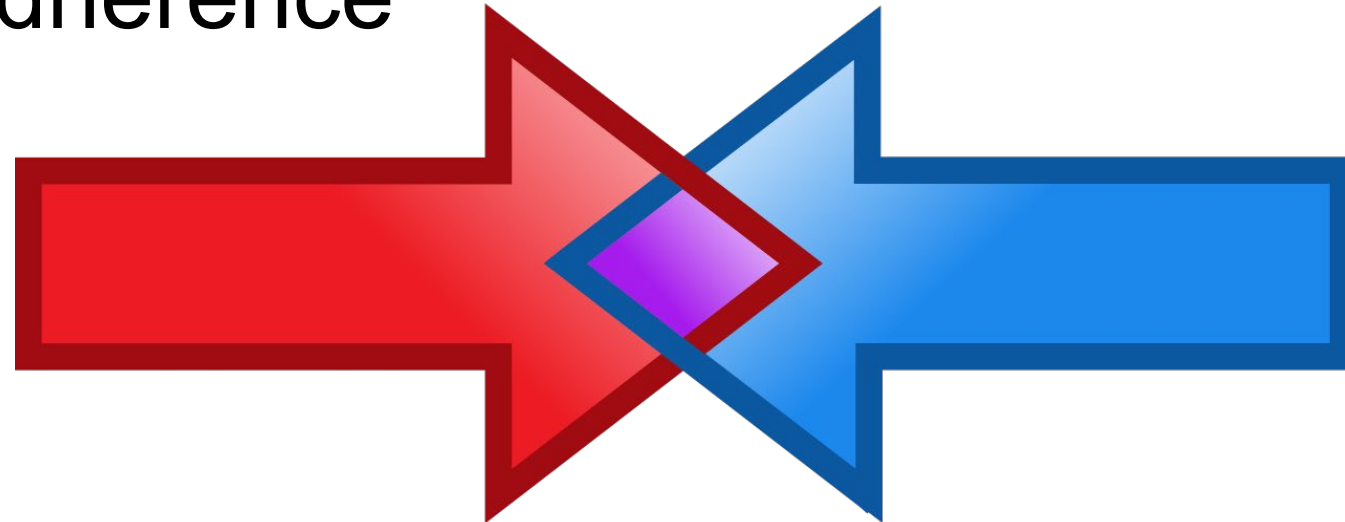
Biomedical

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



Combination of Both Behavioral and Biomedical

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





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
 - Have open dialogues about sexual behaviors
 - Expand understandings of gender norms



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



Systems Roles

- Systems are the mechanisms through 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





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



What can a SUD treatment 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 into 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



What can a SUD treatment provider do? (cont.)

- 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





What can a SUD treatment provider do? (cont. 2)

- 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



Integration



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



Questions or Comments?

A dark blue geometric shape, resembling a stylized arrow or a corner piece, is located in the top right corner of the slide. It is composed of several straight lines forming a complex polygon.



Thank you!

Matt Ignacio (Tohono O'odham)

mignacio@asu.edu

