

Substance Abuse – Prevention: Patient- and Provider-Centered Efforts

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Hazardous alcohol/substance use is associated with:

Failure to initiate ART treatment

Failure to adhere to ART once initiated

Faster virologic failure

Increased sexual risk behavior

Increased morbidity and mortality

Commonly Used Substances and HIV Risk

Alcohol - Excessive alcohol consumption, notably binge drinking, can be an important risk factor for HIV because it is linked to risky sexual behaviors

Opioids- Associated with HIV risk behaviors such as needle sharing when infected and risky sex, and have been linked to a recent HIV outbreak.

Methamphetamine- Very high sexual risk behavior associated with Meth; It can be injected, which also increases HIV risk if people share needles and other injection equipment.

Crack cocaine- Can create a cycle in which people quickly exhaust their resources and turn to other ways to get the drug, including trading sex for drugs or money, which increases HIV risk.

Inhalants. Use of amyl nitrite (“poppers”) has long been linked to risky sexual behaviors, illegal drug use, and sexually transmitted diseases among gay and bisexual men.

Prevention Challenges

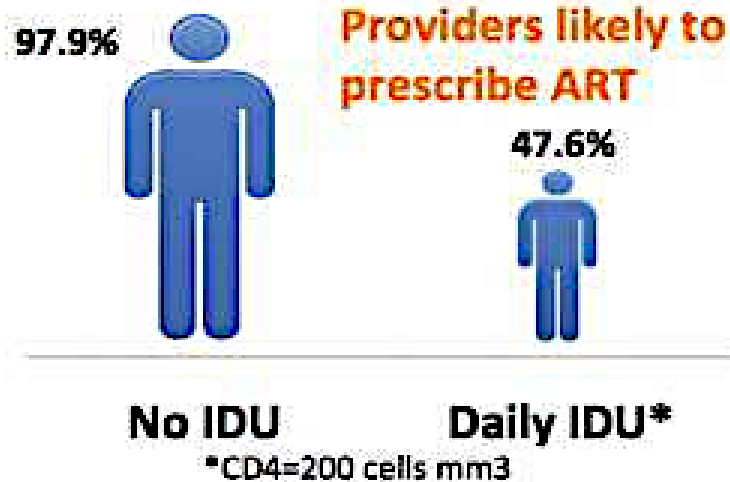
Various behavioral, structural, and environmental factors create obstacles **for minimizing the spread of HIV among people who use or misuse substances:**

Complex health and social needs.

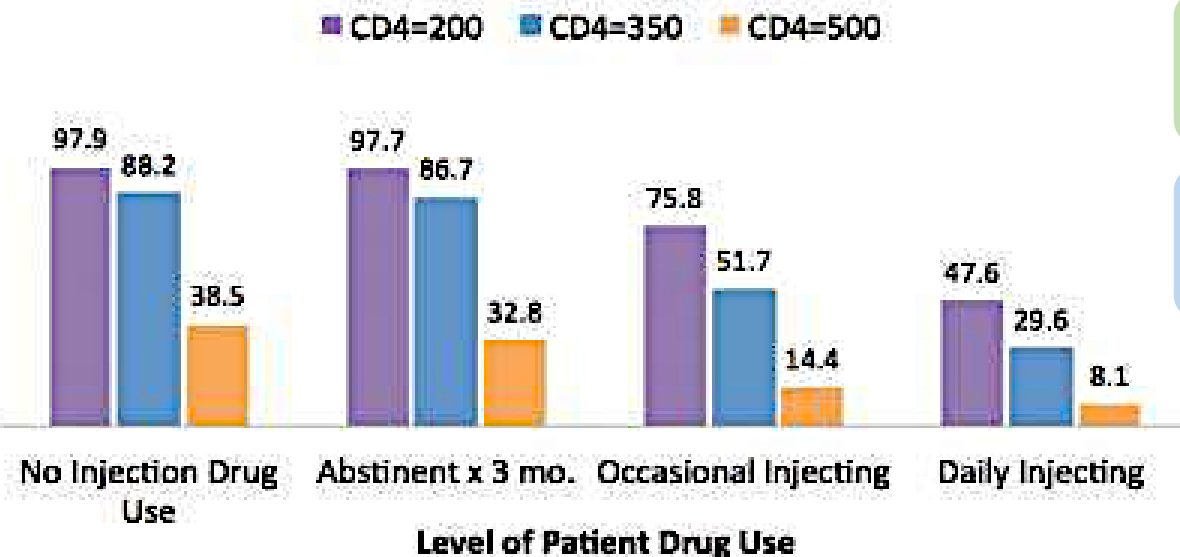
Stigma and discrimination associated with substance use.

Lack of access to the health care system.

Poor adherence to HIV treatment.



Percentage of providers likely to prescribe ART based on patient drug use



Why do providers display reduced treatment rates to patients with substance abuse?

Implicit bias

Reduced treatment adherence

Reduced treatment retention rates

Homelessness

Tobacco Addiction, HIV and Mental Illness

Almost half of all cigarettes in the U.S. are consumed by people with a mental disorder.

Bupropion and varenicline increase smoking abstinence rates.

Studies suggest these medications are safe to use with people who have mental illness.

Smoking tobacco in combination with having HIV infection reduces lifespan by about 12 years.

Desirable Interventions in HIV/primary Care that Require Little (or No) Specialized Training Include :

Building a strong therapeutic alliance

Motivational interviewing to increase adherence and reduce harmful behaviours, including substance use

Brief intervention for hazardous alcohol use (SBIRT)

Prescription of buprenorphine to patients with opioid addiction (free training and mentoring available)

Prescribing bupropion and varenicline for smoking cessation

Screening Linked to Use of Clinical Calculators & Tools (The HIV National Curriculum: www.aidsetc.org/nhc)

Mental Disorders Screening

Anxiety: GAD-2

Anxiety: GAD-7

Dementia: IHDS

Depression: PHQ-2

Depression: PHQ-9

PTSD: PC-PTSD-5

Substance Use Screening

Alcohol: AUDIT-C

Alcohol: CAGE

CAGE-AID

Drug Abuse: DAST-10

Drug Abuse: TICS

Opioid: Risk Tool

Screening for Hazardous Alcohol Use: Audit-C Questionnaire

- There are 3 questions:
 - How often do you have a drink containing alcohol?
 - How many standard drinks containing alcohol do you have on a typical day?
 - How often do you have six or more drinks on one occasion?
- Each item is rated on a five-point scale used to identify hazardous alcohol use and alcohol use disorders.
- The Audit-C is easily accessed online at no charge.

Diagnostic Instrument for Substance Use: DAST 10 – Items Rated Yes or No

These questions refer to the past 12 months only:

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had “blackouts” or “flashbacks” as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parent) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)?

The questionnaire and scoring information are available on-line

Substance Use Disorders (SUDs)

- Most substances have three major diagnoses associated with them – e.g. – alcohol use disorder, alcohol intoxication, alcohol withdrawal (same for cannabis, PCP, opioids, stimulants, tobacco, sedative/hypnotics, etc.)
- Intoxication (and withdrawal) may be obvious
- Most SUDs are amenable to treatment
- Great deal of stigma
- Do people tell clients to cut down?; do they miss work or other commitments?, experience negative consequences?, need the substance to feel better (possible withdrawal)?

Substance Use Disorders

- Substance Use Disorder criteria focus on impaired control, social impairment, risky use (e.g., unsafe sex practices), pharmacological criteria (tolerance & withdrawal)
- SUDs often comorbid with other psychiatric disorders and with HIV
- Screening is an option (for these and other disorders)
- Important to not turn a client off who is in distress because clinician has own agenda
- Give clients permission to disclose
- Remember many serious health effects result from SUDs

Screening, Brief Intervention and Referral to Treatment (SBIRT)

- SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs
- SBIRT lends itself to use in primary/HIV/HCV care
- For more information see link:

www.integration.samhsa.gov/clinical-practice/sbirt

Integrating Biological Interventions into Alcohol/Substance/Tobacco Use Treatment

□ Relapse prevention for alcohol

- Naltrexone (ReVia)
- Disulfiram (Antabuse)
- Acamprosate (Campral)

□ Relapse prevention for opiates

- Methadone
- Buprenorphine

□ Medications for smoking cessation

- Bupropion (Zyban)
- Varenicline (Chantix)
- These medications are usually safe for people with mental illness

Information about Other Treatments for Substance Use Disorders

- The National Institute for Drug Abuse (NIDA):
 - This includes information about naloxone, a life-saving treatment for opioid overdose.
 - <https://www.drugabuse.gov/related-topics/treatment>
- The Substance Use and Mental Health Services Administration (SAMHSA)
 - <https://www.samhsa.gov/treatment/substance-use-disorders>
- Smoking Cessation for Health Care Providers
 - <https://www.smokefree.gov>
 - <https://www.cdc.gov/tobacco/campaign/tips/partners/health/hcp/>